

Letter of consent

I, the undersigned,
(first name and last name)

.....
(address and telephone numbers)

PESEL (personal ID no.): Date of birth

participating in the European Championships Pitesti Romania 03.04. – 08.04.2024.

I confirm the following:

- The athlete has a valid medical certificate issued by a sports physician for Ju-Jitsu, which allows them to participate in sports competitions. I shall present the certificate to the Organizer before the start of the competition, during weigh-in.
- The athlete has all the documents necessary to participate in the trip and compete.
- There are no medical or health counter-indications preventing the athlete from taking part in the aforementioned competition.
- The competitor agrees to undergo anti-doping control during the competition in accordance with applicable WADA regulations.
- The competitor does not take drugs that are on the current official list of prohibited substances approved by WADA.

According to the provisions of the Act of 10 May 2018 on the Protection of Personal Data (unified text: Journal of Laws of 2019, item. 1781) I give my consent to the Athlete's personal data being processed by the Polish Sports Ju-Jitsu Association (Polski Związek Ju-Jitsu Sportowego) for purposes related to the organization of sports competitions and promotion. I also confirm that I have been informed of my right to access the data, to modify them and of the voluntary character of their administration; I give my consent to the use of the personal data as a whole or in any excerpts in promotional or advertising materials This consent refers to a multiple, unlimited quantitatively, temporarily or territorially, use of the Athlete's image, voice and statements in unlimited spectrum, in particular:

- A) registering and copying by any means, B) placing on the market,
- C) publicly sharing it in such a way that everyone can have access to it at a place and time individually chosen (including, among others, sharing it on the Internet) D) public display,
- E) modifying, in particular by changing colours, size, cropping, distorting, adding text, image or sound.

I authorize, who is in charge of the trip, or a person appointed by them in writing to make decisions related to hospitalization, treatment or operations in case of life/health threat
Information on medical condition (motion sickness, haemorrhages, medications, etc.)

.....
.....

.....
date and legible signature