



Pál Vasvári Memorial Endurance Bicycle Tour

Saturday, July 3, 2021

Statement

PLEASE FILL OUT THE FORM WITH CAPITAL LETTERS.

The undersigned

Surname Name

Address:

Date of birth:

I take notice of and declare the following:

- I take part in the event at my own risk; if an accident occurs during the event I shall not hold the organizers responsible, and I shall not seek damages for any reason.
- I have read the tour terms and I take notice of and accept them.
- In the 14 days before the event I was NOT in contact with a person with a possible or proven coronavirus infection and I do NOT have any symptoms of respiratory diseases (eg. fever, cough, severe respiratory difficulties).
- I assume not to litter during the program, and to not harm the environment.
- During the event, photos and video recordings will be made at the request of the organizers. I agree to the use of these photos and video recordings, in which I too may appear, for the purpose of promoting the event and the organization.
- The organizers process the personal data provided by me by filling out the registration form, for the following purposes: keeping a record of the participants, communication with the participants before, during and after the event, issuing of payment documents, documenting and acknowledging the participation at the event, generating statistics about the participation at the event, informing the participants of other events organized by the EKE – Kolozsvár 1891. By registering, I consent to the processing of the data provided for the above purposes.
- The organizers manage the processed data in a strictly confidential and safe manner, they do not disclose them to anyone, with the exception of data provision to the competent authorities (police, gendarmerie, ambulance, mountain rescue) in emergency situations (e.g. accident, getting lost).
- The registering persons can request to have their data deleted from the organizers' records if they withdraw from the event, respectively after the event has ended.
- The data provided by me in this form are correct and truthful. I take full responsibility for these.

Date:

Signature