



CLUB CICLISTA LOS ALCÁZARES

FORM FOR REGISTRATION OF NEW PARTNERS

Name_____Surnames_____

Date of birth_____Place_____

_____ID_____

Home_____

Location_____Province_____

Phone number_____email_____

REQUEST to be included as a member of CLUB CICLISTA LOS ALCÁZARES and I undertake to comply with the obligations imposed by the specific applicable legislation, as well as the statutes, internal regulations and agreements validly adopted by the governing bodies of the club.



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CONSENT TO MAKE COMMUNICATIONS VIA WHATSAPP

In order to comply with Regulation (EU) 2016/679 of the European Parliament and of the Council, of April 27, 2016, regarding the protection of natural persons with regard to the processing of personal data and to the free circulation of this data, and following the Recommendations and Instructions issued by the Spanish Agency for Data Protection (AEPD), informs you:

That there is the possibility of making communications through instant messaging systems such as Whatsapp with the purpose of inform you about activities of the LOS ALCÁZARES CYCLING CLUB, for which your express consent is requested.



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INFORMED CONSENT ON DATA PROTECTION

In compliance with the *Regulation (EU) 2016/279, of the European Parliament and of the Council of April 27, Organic Law 3/2018, of December 5, on the Protection of Personal Data and guarantee of digital rights*, we inform you that your personal data will be processed and will be incorporated into the files of **CLUB CICLISTA LOS ALCÁZARES** with NIF G30304059, and address at C/Concepción 15. 30710 Los Alcázares (Murcia), in order to carry out the administrative management of the Members, the management of the services received and the informal activities of the Club.

In this sense, you **EXPRESSLY CONSENT** that your data be processed by Club Ciclista los Alcázares to comply with the indicated purposes.

In the same way, we inform you that you expressly consent:

- *That your personal data be transferred to the Federations, Organizations and Registries to which this Club belongs, for the administrative management related to the activity and purposes that are their own.*
- *That the images, photographs and videos, taken in events or activities organized by the Sports Association may appear in reports, magazines, Web pages or any other type of publication or material aimed at information and dissemination of the activity of the Sports Association.*

In the following points, mark to authorize the treatment. Yes /

No I authorize the sending of information by **regular mail**.

Yes / **No** I authorize the sending of information by **email**

Yes / **No** I authorize the sending of information by **messaging to the mobile phone**.

Likewise, we inform you that you can exercise the rights of access to the data, its rectification, deletion, opposition, limitation of its treatment or portability of the same, sending a signed letter and a photocopy of the official identification document, to the following address directive@clubciclistalosalczares.es or, as the case may be, to Los Alcázares Cycling Club with NIF G30304059, and address at C/ Concepción 15. 30710 Los Alcázares (Murcia)



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LIABILITY EXEMPTION DOCUMENT

The undersigned **DECLARES:**

That I currently hold the status of member of **the Los Alcázares Cycling Club Alcázares**, with the registration number: _____, registered in the Register of Sports Associations and Entities of the Autonomous Community of the Region of Murcia with number 588.

That I have been informed about the official routes published on the official website of the club: <https://www.clubciclistalosalczares.es>, in the menu option Routes by Dates, in which the so-called "collective excursions" are scheduled, the nature of which is contemplated in article 9 of the Cycling Tourism Regulations of the Royal Spanish Cycling Federation: COLLECTIVE EXCURSIONS Cycling

Outings scheduled in the usual calendars of the federated cycling clubs or syndicates in their respective Territories and in which members with a valid cycling license participate. It is understood as a collective excursion the participation in a route previously established and scheduled by the Board of Directors of the Club or cycling group in its corresponding cycling calendar. They will be carried out with circulation open to road traffic, and their participants will be considered normal users of public roads subject to the general rules of the Road Safety Law, the General Traffic Regulations, excluding special use of public roads or the creation of a specific infrastructure organized by the club to carry out the excursion. Participants will be solely responsible for their own actions, being common users of public roads when participating in a personal excursion.

That I declare to know the content of said calendar, which I accept in its entirety.

That I declare to know that all scheduled group excursions are personal excursions open to traffic where competition is excluded.

That I declare to know that collective excursions run on public roads open to traffic.

That I accept the risks inherent in participating in such group excursions open to traffic.

That I undertake to comply with the rules of the Road Safety Law and its Regulations, ensuring my safety and that of the rest of the participants and users of the public highway.

That I exempt the Los Alcázares Cycling Club, its president, its board of directors, the Spanish Cycling Federation, the Murcian Cycling Federation, and any natural or legal person of the aforementioned, from the responsibilities derived from any accident caused both due to traffic events such as sports accidents.

That I exempt the aforementioned from any damage that, for health reasons, may arise from my participation in the scheduled group excursions, personally assuming the inherent risk to health that the physical effort required to participate in said excursions entails.

That I declare to know, having been informed of it, being satisfied with the information received, being able to have formulated the appropriate questions and clarified all my doubts, the risks inherent to participation in all scheduled group excursions, such as:

- *Existence of all kinds of vehicles circulating along the route of the collective excursion.*
- *That these vehicles circulate among cyclists as normal road users.*
- *That I accept and know that when I participate in the collective excursion I will find all kinds of vehicles circulating both in the opposite direction and in the same direction.*



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- *That I accept and know that there are crossings which can be incorporated into the road where any type of vehicle circulates.*
- *That there are dangerous sections in which I must exercise extreme caution.*
- *That there are long descents with curves in which I will moderate the speed in order to avoid damage to myself and/or others.*
- *That there are sections in which the state of the roads do not meet adequate safety conditions, and I will exclude the Sports Association and the members of its Board of Directors from any responsibility for damages that it may suffer due to the poor state of the roads or for reasons of defects in road infrastructure.*
- *That there is the possibility of suffering a sports accident inherent to the practice of cycling, personally assuming responsibility for accidents that could be caused to any participant in the collective excursion, excluding the organization from any liability arising from these accidents.*
- *That there is the possibility of causing an accident to a third party outside the collective excursion, personally assuming full responsibility for this accident and excluding the Cycling Club or the members of its Board of Directors from any liability arising from these accidents.*
- *That I have subscribed a Civil Responsibility policy for damages to third parties, caused by the practice of sports, and in particular by the practice of cycling, valid during all the departures of the official season.*

In Los Alcazares, Murcia to _____ of _____ of _____

Read and accepted the content of the five pages

Signature:

Signed. _____



CLUB CICLISTA LOS ALCÁZARES

BANK ADDRESS

Mr. Director of the Banking Entity: Agency or

Branch:

Address:

Town and Province

Dear Sir

I hereby inform you that I have authorized the Los Alcázares Cycling Club so that as of this date the corresponding receipt for the amount that said Club stipulates each year I would be grateful if you could give the appropriate orders, so that these receipts are taken care of, charged to my account, of which number and characteristics I indicate below.

Checking account or

Savings account: _____

Account holder: _____

In Los Alcázares, Murcia to _____ of _____ from _____

Owner's signature:

Signed. _____