



medical and race fitness report

First name:		Date of birth:
Last name:		. ID number:
To be filled in by the practi	tioner:	
Through this document, Docto	r	(practition
name), with Registration Nu	mber	, certifies t
	(runn	ner's name), with ID number
has no contraindication to	participate in the race indic	eated below: (mark with an X)
ehunmilak 171 km	goierriko2haundiak 90	
<u> </u>		
Signed by: (signature and s	amp of the practitioner)	
		20.
is mandatory to attach a 12	ted: (by the practitioner or runner)	ient identification, signature and stamp
t is mandatory to attach a 12 of the practitioner)	ted: (by the practitioner or runner) -derivation ECG at rest (date, pati	ient identification, signature and stamp
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We inform you that your personal data will be processed by BEASAINGO ARRASTAKA MENDI KIROL TALDEA in order to manage the organisation of the sporting competition and, generally for those purposes relating to the management and organisation of the sporting event, and for statistical purposes, to help to ensure better organisation of the event. We inform you that, in order to carry out these procedures, it is necessary for your data to be transferred to medical professionals directly associated with the data controller, and to public bodies and insurance companies when appropriate. This data processing is necessary to ensure the proper organisation of the activity and for the purposes of the legitimate interests pursued by both parties, also legally authorised by the consent given by you during registration. A failure to give this unequivocal consent will lead to you not being allowed to participate in the event. Additionally, we inform you that your data will be retained for the duration of the relationship or for the legally established period. You may exercise your rights of correction, cancellation, objectin, portability and restriction of the processing of your data by writing to Beasaingo Arrastaka Mendi Kirol Taldea, Antzizar Kiroldegia C/ Igartza Cleta, 3; 20200 Beasain (Gipuzkoa) or to info@ehunmilak.com, for the attention of the Data Controller, attaching a copy of your ID card, cluly proving your identity. In any event, you have the right to file a complaint with the Spanish Data Protection Agency (AEPD).

Signature of the runner: