



RISK STATEMENT COVID-19

The undersigned, Mr/Ms _____, with
National ID number: _____ Date of birth _____,
License no. _____ as an athlete / assistant / official _____
of the competition / test _____
of _____ under your
own responsibility for all legal purposes;

DECLARES

in accordance with current legislation, as well as the SUPPLEMENTARY HEALTH PROTOCOL for SECTORIAL REINFORCEMENT OF THE ROYAL FEDERATION SPANISH MOTORSPORT (PSCRS-RFEDA) for the adaptation of motorsport and its return to normality, and with the main objective of preserving everyone's health and returning to training and restarting federated and professional competitions, for safety in competitions in related to the risk of Covid-19, I have been informed and accept that the access to the competition area if a person:

- is subject to quarantine measures
- has active Covid-19
- has or has had a body temperature above 37.5 °C in the last 5 days
- have or have had any of the other symptoms in the last 5 days, namely: a strong reduction in the sense of taste, strong reduction in the sense of smell, dry cough, difficulty in breathing, severe exhaustion, nasal congestion, headache, diarrhoea.
- have been in direct contact with Covid-19 positive people within 14 days previously, or with their own relatives, although they be asymptomatic.

THE HOLDER CERTIFIES THAT:

He/she is not subject to quarantine for Covid19	YES	NO
Does not have symptoms of Covid-19 developing		
Has or has had a fever in the last 14 days with temperatures ≥ 37.5 °C	YES	NO
Has or has had loss of smell or taste in the last 14 days	YES	NO
Has or have had a dry cough in the past 14 days.	YES	NO
Has or has had difficulty breathing in the past 14 days.		
Has or has had severe tiredness in the past 14 days.	YES	NO
Has or have had a runny nose in the past 14 days.	YES	NO
Has or has had a headache in the past 14 days.	YES	NO
Has or have had diarrhoea in the past 14 days.	YES	NO
Has been in contact with people tested positive for Covid19 in the past 14 days	YES	NO
In an affirmative case, what is the current state of that person? Date of the test and its result _____	(+)	(-)

In the case of three positive responses in the questionnaire, Covid19 negativity must be proved using a PCR test performed in the last 5 days, or by a serology test in the last 14 days.

And promises to

Communicate promptly to the Chief Medical Officer or Health Safety Coordinator of the test _____ any changes to the statements issued today and to comply with all provisions of current legislation, as well as of Resolution of May 4, 2020, of the Presidency of the Higher Sports Council, which approves and publishes the Basic Action Protocol for the return to training and the restart of federated and professional competitions, and the Complementary Health Protocol for Sector Reinforcement of the Royal Federation of Spanish Motor Racing.

Place and date _____

Signature _____

National ID number: _____

COVID-19 INFORMATION

This document has been specially prepared to inform you about the treatment of your personal data established in the Supplementary Health Reinforcement Protocol Sectorial of the Royal Spanish Automobile Federation (PSCRS-RFEDA), provides the following information.

Event: _____ Organizer: _____

Coordinator: Mr/Ms. _____

Address: _____

Telephone: _____ Email: _____

The participants, officers, collaborators and other test personnel are responsible for the data contained in this document and declare to know the risks and characteristics of the automobile competition where they will participate. The Health Security Coordinator will use the personal data that you provided exclusively to reduce risk and prevent infection of Covid-19. The legal basis for processing is the need to comply with legal obligations to which the Health Safety Coordinator is subject, in relation to the implementation of anti-contagion security protocols. The data provided in the questionnaire will be kept by the Medical Chief only while the race lasts and will be destroyed at the end of it, prohibiting access to it by any other person.

Taking into account that, to access the facilities, the data controller will require your declaration by virtue of which you certify that you are not subject to any quarantine measure, of not having active Covid-19, of not having a temperature in the last 5 days above 37.5 °C, or not having one of the others in the last 5 days symptoms, namely: strong reduction in the sense of taste, strong reduction in the sense of smell, dry cough, breathing difficulties, severe exhaustion, nasal congestion, headache, diarrhoea, or not having been in contact with people with positive coronavirus in the previous 14 days, or with their relatives, even if they are asymptomatic. A possible refusal to declare the aforementioned implies the inability of the data controller to comply with legal obligations and consequently, the impossibility of accessing the area of competition. It is specified that the body temperature data collected in real time will not be recorded except if the temperature threshold is exceeded and, in any case, only if it is necessary to document the reasons that prevented access to the facilities of the company.

We inform you that the processing of your data is carried out in accordance with the PSCRS-RFEDA and current regulations. regulatory provisions on the processing of personal data. We inform you that the treatment of which issue is based on the principles established in accordance with current regulations, in particular in principles of correctness, legality, transparency and protection of the confidentiality and rights of the subjects whose data is processed. The processing of your personal data will be done through paper, computing and telematic tools, with suitable methods to guarantee your security and confidentiality in compliance with current provisions. We inform you that your data will be processed during the period only where strictly necessary to achieve the purposes for which they were collected.

Your personal data collected by the Health Safety Coordinator will not be communicated or disclosed to third parties, with the exception of the hypothesis in which the owner is required by specific regulatory provisions.

Your personal data will not be transferred or stored to third countries.

We inform you that you can revoke consent given at any time without affecting the legality of the treatment.

We also inform you that by sending the request directly to the registered office of the data manager indicated above or using the following email address: _____, you can exercise, at any time, the right to:

- a) request confirmation of the existence or not of your personal data;
- b) obtain information on the purposes of the processing, the categories of data personal, and recipients or categories of recipients to whom your personal data have been or will be released and, where possible, the retention period;
- c) obtain the correction and cancellation of your personal data;
- d) obtain the limitation of the processing of your data;
- e) obtain data portability, that is, receive it from a data controller, in a structured format, commonly used and readable by an automatic device, and transmit it to another data controller without hindrance;
- f) oppose the treatment at any time and also in the case of treatment with the purpose of direct marketing;
- g) oppose an automated decision-making process related to physical people;
- h) request the data controller to access the data and correct, delete or limit the treatment that concerns you or to oppose your treatment, in addition to right to data portability;
- i) file a complaint with a supervisory authority.
- j) as well as to present a claim before a control authority and any other recognized body in the current regulations on data protection that could be reciprocated

I, as previously identified, authorize the Health Safety Coordinator and the RFEDA as responsible for data processing, to process my data for the purposes indicated below.

Specifically:

- PROCESSING OF MY PERSONAL DATA TO REDUCE RISK AND AVOID COVID-19 CONTACT AS SPECIFIED IN COMPLEMENTARY SANITARY PROTOCOL FOR SECTORAL REINFORCEMENT OF THE ROYAL SPANISH AUTOMOBILE FEDERATION (PSCRS-RFEDA).

Place and date _____

Name and Signature _____