



**Malta Karate Federation**  
**Chris Denwood Applied Karate Seminar**  
*23<sup>rd</sup> - 25<sup>th</sup> November 2018 – Mgarr Dojo*  
**Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Please tick the appropriate box:

Mob. No: \_\_\_\_\_

Email: \_\_\_\_\_

Club: \_\_\_\_\_

1 session	€10.00	<input type="checkbox"/>
All sessions	€30.00	<input type="checkbox"/>

**TERMS OF RESPONSIBILITY**

*I, the undersigned \_\_\_\_\_, as the person responsible for the custody of the person mentioned below, pledge myself to be responsible for whatever happens to this person in the event being currently organised by the Malta Karate Federation. These responsibilities include, but are not limited to, physical injuries, incurring of personal expenses or monetary and other material damages.*

*Furthermore, I exempt from any legal, civil or criminal responsibilities the organizers of the event, The Malta Karate Federation, its directors, as well as any person or company related to the event.*

Name of member attending camp: \_\_\_\_\_

Name of adult signing declaration: \_\_\_\_\_

ID Card of adult signing declaration: \_\_\_\_\_

Signature

Date

*The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act (Cap. 440 of the Laws of Malta) and solely processed for the purpose(s) of organizing this Summer Training Camp. Your personal information will not be disclosed to third parties without your express consent unless this will be strictly required by law.*





## Consent Form

Photos may be taken by the Malta Karate Federation (MKF) during the Chris Denwood Applied Karate Seminar. You will only be photographed by the MKF on the basis of your consent in accordance with the provisions of the General Data Protection Regulation (GDPR) and all other applicable data protection legislation, including the Data Protection Act (Chapter 586, Laws of Malta).

Photos taken by the MKF will be stored securely by the MKF and will be accessible to officials of the MKF who are responsible for uploading such data to our respective publicity channels. We will not transfer this personal data to third parties, and we will only use such photos and footage in accordance with your wishes, and the consent you give us in the Consent Form.

We remind you that you may withdraw your consent at any time by sending us an email on [info@maltakarate.com](mailto:info@maltakarate.com). We also remind you of all your other rights inherent in the GDPR, and namely, to request access to your personal data as held by the MKF, to request its rectification if it is inaccurate, to request its erasure, to request restriction of processing and of your right to data portability.

If you have any further queries about the MKF's processing of your personal data, you are invited to contact us at [info@maltakarate.com](mailto:info@maltakarate.com). Should you feel aggrieved by our processing of your personal data referred to above, you may additionally lodge a complaint with the Office of the Information and Data Protection Commissioner Malta.

### ***Photos***

I, the undersigned, hereby consent to being photographed during the Chris Denwood Applied Karate Seminar to be held on 23<sup>rd</sup> to 25<sup>th</sup> November 2018 at the Mgarr Karate Club and to my photo being used for the Malta Karate Federation's marketing purposes and reporting obligations. I therefore agree to having my photo/s published:

- On the Malta Karate Federation website
- On the Malta Karate Federation social media channels
- On the Malta Karate Federation's press releases to the local media

*Kindly tick any or all of the publicity channels where you would be happy to have your photos published. We remind you that online locations are accessible worldwide.*

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## Declaration

*I have read and understood the information provided above and have been given a copy to keep. I understand what is being asked of me and have been given the opportunity to ask questions. I understand that I am entitled to withdraw my consent at any time without penalty and without needing to give a reason.*

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**Participant**

*(if 18 years or older only)*

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**Parent/Guardian's signature**

*(if under 18 years of age)*

**Name of participant:** \_\_\_\_\_

**Name of person signing form:** \_\_\_\_\_

**ID Card No of person signing form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**No of boxes ticked:** \_\_\_\_\_

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