

Federația de Automobilitate din Republica Moldova

WADB Declaration of Consent

I, the undersigned Applicant, expressly consent to the collection, use and processing of data related to myself, including personal and sensitive data (such as medical information) in relation to my involvement in a motor sport accident or incident and related ONLY to the circumstances of the accident or incident and its immediate outcome, including any injuries suffered, by an appropriately authorised person representing the FIA or the National Sporting Authority.

I, the undersigned Applicant, agree that said data may be stored electronically, even after the expiration of my licence, and may be used at any time, for the sole purpose of research in support of improving safety in motor sport competitions, during and after the validity period of my licence, on the World Motor Sport Accident Database ("WADB").

I, the undersigned Applicant, acknowledge that I have read and fully understood the WADB Guide published by the FIA, which provides for further information about such data collection and processing, including the conditions under which I may request access to my personal data, its rectification or suppression, and object, on legitimate grounds, to its processing.

Declarația de consimțământ WADB

Eu, solicitantul subsemnat, consimt în mod expres colectarea, utilizarea și prelucrarea datelor referitoare la mine, inclusiv date personale și sensibile (cum ar fi informații medicale) în legătură cu implicarea mea într-un accident sau incident de sport cu motor și legate doar de circumstanțe a accidentului sau a incidentului și a rezultatului imediat al acestuia, inclusiv a oricăror traume suferite, de către o persoană autorizată corespunzător reprezentând FIA sau Autoritatea Sportivă Națională.

Eu, solicitantul subsemnat, sunt de acord cu faptul că datele menționate pot fi stocate electronic în baza de date World Motor Sport Accident Database („WADB”), chiar și după expirarea licenței mele, și pot fi utilizate în orice moment, în scopul exclusiv al cercetării în sprijinul îmbunătățirii siguranței în competiții sportive cu motor, în timpul și după perioada de valabilitate a licenței mele.

Eu, solicitantul subsemnat, recunosc că am citit și am înțeles pe deplin Ghidul WADB publicat de FIA, care prevede informații suplimentare despre colectarea și prelucrarea datelor, inclusiv condițiile în care pot solicita accesul la datele mele personale, rectificarea sau ștergerea acestora și a mă opune din motive legitime, la prelucrarea acestora.

I, the undersigned Applicant, confirm that I UNDERSTAND AND I ACCEPT the present WADB Declaration of Consent.	Eu, subsemnatul solicitant, confirm că AM ÎNȚELES și ACCEPT prezenta Declarație de consimțământ WADB.
Dated and signed by the Data Subject OR the Data Subject's legal representative:	Datat și semnat de persoana vizată SAU de reprezentantul legal al persoanei vizate:
Date / data:	
Signature of the Data Subject / Semnătura persoanei vizate:	
OR: Signature and name of the Data Subject's legal representative SAU: Semnătura și numele reprezentantului legal al persoanei vizate:	

Federația de Automobilism din Republica Moldova

WADB Declaration of Consent Заявление WADB о согласии

I, the undersigned Applicant, expressly consent to the collection, use and processing of data related to myself, including personal and sensitive data (such as medical information) in relation to my involvement in a motor sport accident or incident and related ONLY to the circumstances of the accident or incident and its immediate outcome, including any injuries suffered, by an appropriately authorised person representing the FIA or the National Sporting Authority.

I, the undersigned Applicant, agree that said data may be stored electronically, even after the expiration of my licence, and may be used at any time, for the sole purpose of research in support of improving safety in motor sport competitions, during and after the validity period of my licence, on the World Motor Sport Accident Database ("WADB").

I, the undersigned Applicant, acknowledge that I have read and fully understood the WADB Guide published by the FIA, which provides for further information about such data collection and processing, including the conditions under which I may request access to my personal data, its rectification or suppression, and object, on legitimate grounds, to its processing.

Я, нижеподписавшийся, выражаю согласие на сбор, использование и обработку данных, относящихся ко мне, в том числе личные и конфиденциальные данные (например, как медицинской информации) в связи с моим участием в автоспортивной аварии или инциденте, и связанные ТОЛЬКО с обстоятельствами аварии или инцидента и его непосредственным исходом, в том числе любых полученных травм, соответствующему уполномоченному лицу, представляющего FIA или НАФ.

Я, нижеподписавшийся, согласен с тем, что указанные данные могут храниться в электронном виде во Всемирной базе данных о происшествиях в автоспорте («WADB»), даже после истечения срока действия моей лицензии, и могут использоваться в любое время с единственной целью исследований в поддержку повышения безопасности на соревнованиях по автоспорту, во время и после истечения срока действия моей лицензии.

Я, нижеподписавшийся, подтверждаю, что я прочитал и полностью понял Руководство WADB, опубликованное FIA, в котором содержится дополнительная информация о сборе и обработке таких данных, включая условия, при которых я могу запросить доступ к своим личным данным, их исправление или подавление и возражение на законных основаниях против их обработки.

I, the undersigned Applicant, confirm that I UNDERSTAND AND I ACCEPT the present WADB Declaration of Consent.	Я, нижеподписавшийся, подтверждаю, что я понимаю и принимаю настоящую декларацию согласия WADB.
Dated and signed by the Data Subject OR the Data Subject's legal representative:	Дата и подпись Субъекта данных или его законного представителя:
Date / дата:	
Signature and the name of the Data Subject / Подпись и фамилия имя Субъекта данных:	
OR: Signature and name of the Data Subject's legal representative ИЛИ Подпись и фамилия, имя его законного представителя:	