

## MEMBERSHIP TO OVER2000RIDERS+AICS FOR 2023

GOOD HEALTH Self-certification form for non-agonistic sports activities including motorcycling

The undersigned \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

# ID (or #passport): \_\_\_\_\_ issued by: \_\_\_\_\_

date of issue: \_\_\_\_\_

DECLARES UNDER HIS/HER OWN RESPONSIBILITY

to be in good health to take part in motorcycling events and trips organised by OVER2000RIDERS

Association. This Association will not be responsible for any health problems that may occur to me that I have not previously declared in this form.

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS FACTUALLY CORRECT

Yours faithfully

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Privacy:

In relation to the abovementioned declaration, I am aware of the penal sanctions that may be applied in case of untrue statements and falsehoods in the acts (as per Article 76 D.P.R. 445/2000) I acknowledge that the Over2000riders Association reserves the possibility of monitoring and verifying the veracity of my statements. I also declare that I have been informed of the collection of personal data as per Article 13 EU Regulation 679/2016 and that I have already given the specific consent during the registration to the Association and that the data collected could also be processed by IT tools only in the context of the