

The following daily insurance coverage certificate will be issued only attaching the MEDICAL CERTIFICATE (competitive or non-competitive) and the PAYMENT PROOF to Moto Club Nastro e Fascette ; IBAN IT98 D057 0438 8600 0000 0255 300 PAYPAL to commerciale@sprintrace.it (in both cases indicate as causal DAILY LICENSE + RIDER NAME)



DAILY INSURANCE COVERAGE REQUEST (€ 25,00 per race)

FOR SINGLE RIDER NOT M.C. Nastro e Fascette MEMBER (ADULT)

(FOR MINORS IT IS NECESSARY TO CONTACT THE RIBBON AND CLASP MOTORCYCLE CLUB info@sprintrace.it)

THE UNDERSIGNED _____ BORN IN _____ ON
THE _____ LIVING IN (CITY) _____ ADDRESS
_____ NATIONALITY _____ ID _____
MAIL _____ PHONE : _____ as a non-registered M.C. Nastro e Fascette
member

REQUEST

- to participate in the event called SPRINT RACE CHAMPIONSHIP on _____ using the daily insurance provided through the ALLIANZ policy for the aforementioned event (the beginning / end of coverage coincide with the start / end of the event as per the official schedule / time table).

DECLARES

- to be in possession of (tick): medical certificate for competitive activity type B1 (obligatory for competitions) or medical certificate of healthy and robust constitution (necessary for non-competitive events) health certificate expiration on _____ (attach certificate);

- to know and accept the limits provided by the insurance, as:

Death: € 50,000.00 IP: € 50,000.00 (absolute fraction 9%) Daily allowance: € 30.00 / day (max 60 days, fr.3 days);

- to take full responsibility for participating in the event indicated by accepting the policy limits indicated above and declaring that, in the event of a claim, you will have nothing to claim from the organizers.

TODAY _____ IN _____ APPLICANTSIGNATURE _____

AUTHORIZATION FOR THE PROCESSING OF PERSONAL DATA Art.13 of the GDPR 2016/697 / UE

Pursuant to Article 13 of the GDPR 2016/697 / EU - European Regulation concerning the protection of personal data and subsequent modifications or additions, the undersigned declares to have been informed and consents to his personal data acquired through this form are processed by the Affiliate Aics club, by Aics and by Allianz with the aid of electronic means for purposes concerning the execution of the obligations deriving from this request.

Luogo e data _____ FIRMA RICHIEDENTE _____

Receipt for the rider (VALID ONLY WITH STAMP AND SIGNATURE IN THE ORIGINAL OF THE MOTOCLUB ISSUER)

HE INSURANCE COVERAGE IS VALID ONLY IF THE NAME OF THE RIDER HAS BEEN INSERTED IN THE LIST OF MEMBERS OF THE EVENT SENT TO THE COMPANY BEFORE THE BEGINNING OF THE EVENT

RIDER FULL NAME : _____ DATE OF BIRTH : _____

EVENT : SPRINT RACE CHAMPIONSHIP IN _____

DAY: _____

STAMP AND SIGNG OF M.C. RESPONSABLE

