

### Consent Form for Holders of Parental Responsibilities

I \_\_\_\_\_,  
holder of Identification Document no. \_\_\_\_\_, hereby declare, in the  
capacity of            father/mother            or            legal            representative  
of \_\_\_\_\_,

minor,            holder of Identification Document no. \_\_\_\_\_ (hereinafter  
“**Minor**”), regarding which I exercise the parental responsibilities, that  
I authorise Associação Sara Carreira, single registration number and legal person identification  
number 516 369 652 (hereinafter “**Association**”), to collect the Minor’s personal data, solely  
and exclusively for the purposes described in the Association’s *Privacy and Cookies Policy*.

Lisbon, \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Signature of holder of parental responsibilities)