

INFORMED CONSENT ON THE PROTECTION OF PERSONAL DATA and IMAGE

I, the undersigned, _____, holder of the identity document number/Passport _____ and resident at: _____

_____ e-mail address: _____ hereby, freely authorize SKIN TECH PHARMA GROUP S.L, Castelló d’Empúries, C/ Pla de l’Estany 29, holding fiscal identity number “B17470261,” to take and/or use photographs, video, and/or digital images or any other visual means where I can appear totally or partially for its marketing and/or educational purpose in the aesthetic medicine industry.

As a result of this and in accordance with the current legal provisions related to image rights (Spanish Organic Law 1/1982) and to data Protection (EU regulation 2016/679); I authorize SKIN TECH PHARMA GROUP SL to keep, reproduce, communicate to the public and use the photographs, video or any other graphic material in the context of this. I declare to be informed that this graphic material can, at any time, be used within the context of:

- Newsletter.
- Advertising
- Press, medical publications or any other nature.
- Books and magazines.
- Exhibitions and congresses.
- Public projection
- Awards.
- Websites and social media.

I am aware that these data may be classified as normal to high sensitive data. Skin Tech Pharma Group SL grants to me that, it will be treated with the highest care and professionalism according to the standards stipulated in the law aforementioned and any other provision. Data will be kept as long as the company’s purpose remains.

Checking one of the following boxes, I express that:

Related to the image(s), I agree that my gender and my age may be revealed in its descriptive text or commentary.

- Yes
- No

Respect to the to my image right, I understand that the authorization assigned to SKIN TECH PHARMA GROUP S.L cannot be transferred to a third party without my written and signed consent.

I acknowledge this consent in full respect of my rights and I will not pretend to any kind of compensation for the exploitation of my images referred to herein. I warrant that I’m not connected to an exclusive agreement to use my image and I’m fully aware that all of negatives, prints, digital reproductions are the property of SKIN TECH PHARMA GROUP S.L I declare to be aware of my rights regarding; the access to my data and its portability, their correction, their restriction, their partial or total deletion whenever I consider it appropriate. Where applicable, SKIN TECH PHARMA GROUP S.L. will keep them only for legitimate imperative reasons. I declare to be informed that I can exercise my rights by contacting SKIN TECH PHARMA GROUP S.L (legal@skintechpharmagroup.com) or Spanish competent authority “Agencia de Protección de Datos”. Pursuant the terms of Spanish Organic Law 1/1982 (Private Image Protection provision), I declare I am aware that I am entitled to revoke this consent at any time.

Done at _____ on _____

Signature :