

LIABILITY RELEASE FORM

I, with ID/Passport number
..... with phone number hereby DECLARE that:

- I undertake to follow the COVID-19 protocols set by the health authorities, as well as the recommendations provided by SAETDE.
- I have been informed by SAETDE of the hygiene and safety measures they have implemented in order to prevent the spread of COVID19 in their facilities.
- I currently have no symptoms related to COVID-19 (fever, cough or difficulty breathing).
- I have not been in contact, in the last 14 days, with people infected with COVID-19.
- In case of having COVID-19 symptoms during my stay (fever, cough or difficulty breathing), I will inform the employees of SAETDE accepting in this case the decisions that are adopted in this regard by the people in charge and , in particular, so those aiming to undertake an appropriate isolation and notification to the health authorities.
- I grant permission to SAETDE to take my body temperature and / or perform a COVID-19 antibody upon indication by the health authorities.

As a result of the above, I hereby waive any claim, lawsuit or legal action related to my state of health (among others, the contagion of COVID-19) that may arise from my stay in the accommodation, exonerating SAETDE from any liability.

I have read the document and fully understand its contents, so with my signature, I confirm my acceptance and compliance with the contents of it.

In on 20.....

Signature:

[Attach copy of the ID or Passport]

PERSONAL DATA PROTECTION

As established by the General Regulation (EU) 2016/679 of Data Protection and the LQPD (Llei 15/2003, of December 18, qualified as protection of personal data), we inform you that the personal data you provide us will be included in the treatment for the prevention of the pandemic of the COVID-19 of **SAETDE**. The recipient bodies of the data obtained, as well as the conservation of this data will be the competent public authorities and the Ministry of Health.

You can exercise your rights of access, rectification, suppression, opposition and, where appropriate, portability and limitation, by sending a letter accompanying a photocopy of your ID via e-mail at lqpd.saetde@grandvalira.com with "**Personal Data Protection**" as the subject.

LIABILITY RELEASE FORM: MINOR CONSENT FORM

I, with ID/Passport number..... with phone number as father/mother/legal tutor of the minor. with ID/Passport number hereby DECLARE under the name of the minor and under my responsibility that:

- I undertake that the minor will follow the COVID-19 protocols set by the health authorities, as well as the recommendations provided by SAETDE and / or the Mountain Hut keepers.
- I have been informed by SAETDE and / or the Refuge guards' team of the hygiene and safety measures they have implemented in order to prevent the spread of COVID19 in their facilities.
- The minor currently has no symptoms related to COVID-19 (fever, cough or difficulty breathing).
- The minor has not been in contact, in the last 14 days, with people infected with COVID-19.
- In case the minor has COVID-19 symptoms during the stay (fever, cough or difficulty breathing), I will inform the employees of SAETDE, accepting in this case the decisions that are adopted in this regard by the people in charge and , in particular, so those aiming to undertake an appropriate isolation and notification to the health authorities.
- I grant permission to SAETDE to take the minor's body temperature and/or to perform a COVID-19 antibody test, upon indication by the health authorities.

As a result of the above, I hereby waive any claim, lawsuit or legal action related to the minor's state of health (among others, the contagion of COVID-19) that may arise from the stay in the accommodation, exonerating SAETDE and / or the Mountain Hut keepers from any liability.

I have read the document and fully understand its contents, so with my signature, I confirm my acceptance and compliance with the contents of it.

In on 20.....

Signature:

[Attach copy of the ID or Passport of the father/mother/legal tutor and Attach copy of the ID or Passport of the minor (in case of having one)]

PERSONAL DATA PROTECTION

As established by the General Regulation (EU) 2016/679 of Data Protection and the LQPD (Llei 15/2003, of December 18, qualified as protection of personal data), we inform you that the personal data you provide us will be included in the treatment for the prevention of the pandemic of the COVID-19 of SAETDE. The recipient bodies of the data obtained, as well as the conservation of this data will be the competent public authorities and the Ministry of Health.

You can exercise your rights of access, rectification, suppression, opposition and, where appropriate, portability and limitation, by sending a letter accompanying a photocopy of your ID via e-mail at lqpd.saetde@grandvalira.com with "Personal Data Protection" as the subject.