## Biology Olympiad League season 2020-2021 Parent / Legal Guardian Consent Form

Competitor's Name:	Date of Birth:	(dd-mm-yyyy)
Representing School/Region:		
Name of the Signing Parent/Legal Guardian:		
Relation to the Competitor:		
I am the parent/legal guardian of (the "competitor") and by signing this form, <b>I give I</b> Olympiad League season 2020-2021. I declare that competition.	my permission for my child's participat	

### 1. COLLECTION AND PROCESSING OF PERSONAL DATA

In agreement, I give my permission for the following collection and processing of personal data of my child.

- Institution: The Biology Department of SAPAT Olympiad League Organizing Committee (the "organizer")
- The Person Responsible for Data Handling: The BIOL Steering Committee
- Collected and Processed Data: Identity and contact data, including name, gender, clothing size, date of birth, address, email address, and school information.
- Purposes of Collected Data: Contacting regarding the event; Conducting necessary administrative activities, such as issuing invoices and mailing event-related items to provided billing/mailing addresses; Conducting examinations, marking, and ranking; Administrating various activities during the event, such as School Group Project; Publishing contents and results of examinations, marking, and ranking; Publishing contents and deliverables of School Group Project; Publishing pamphlets, videos, and reports regarding the event.
- Recipients of Personal Data: The organizer provides the competitor's personal data regarding examinations,
  marking, ranking, and School Group Project to the Office of the Olympiad League. In addition, the organizer may
  publish the above personal data on the official website; The organizer may entrust third-party processors to handle
  some of your personal data if the data is necessary to coordinate activities during the event and other
  administrative matters regarding the event.
- Data Storage Period: The organizer stores the competitor's personal data for as long as needed considering the
  purposes described above. The criteria used to determine the storage period include the length of time the
  organizer has an ongoing relationship with the competitor.
- **Limits**: The organizer does NOT take responsibility if any third party (excluding processors entrusted by the organizers) uses the collected data differently.
- Complaints should be sent via email to olympiadleague@gmail.com.

#### 2. HANDLING OF PERSONAL IMAGES

(Through this section, the organizer aims to clarify how it processes the competitor's personal images and be mindful of the privacy of competitor as much as possible.)

I give my permission for the following collection and processing of my child's personal images.

- Institution: The Biology Department of SAPAT Olympiad League Organizing Committee (the "organizer")
- The Person Responsible for Data Handling: The BIOL Steering Committee
- Collected Images/Videos:
  - o Through Pre-event Registration Forms: Personal image
  - Before/During the Examination\*1: Filmed oath ceremony; Video recording of the competitor's images during the examination
  - During School Group Project: Recorded online meetings •

#### **Purposes of Collected Images/Videos:**

- To supervise and review the competitor's examinations for cheating prevention\*1.
- To organize activities related to School Group Project.
- o To include in the event's pamphlet/official report for stakeholders
- o To use for community engagement via social media
- Complaints and request to remove any images/videos: <u>olympiadleague@gmail.com</u>.

# PAGE 2 OF 2

3. EXAM OPERATIONS\*1
I give my permission for my child's participation in the event's examinations, with a date, time, and location designated by the Biology Olympiad League. I hereby understand and provide my consent that physical and/or online supervision of the examinations are provided by jury members, exam supervisors appointed by the BiOL, and/or staff members of the

I officially declare that I under	erstand and agree with the above information.
Date of Signature:	(dd-mm-yyyy)
Signature of Parent/Legal Gu	ardian:
TO BE FILLED OUT BY T	THE COMPETITOR:
I,	(please print the competitor's name), also declare that I understand and agree
with the above information re	egarding the collection and processing of my personal data above.
Date of Signature:	(dd-mm-yyyy)
Signature of the Competitor:	