

Declaration of Consent (Of legal age)

I _____,
ID card holder / C.C. nº _____, I expressly declare
that I authorize Associação Sara Carreira, with registration number and legal person
identification 516 369 652 (hereinafter “Association”), to collect and process my
personal data, solely and exclusively for the purposes described in the Association's
Privacy and Cookies Policy.

_____, ____ of _____, 20__

(Signature)