

**Consent to run a whip-round on the behalf of a person under my care  
and to process his/her health records**

I, the undersigned, ....., holder of identity document number .....,  
e-mail address ....., phone number ....., declare that I  
grant my consent to run a whip-round (whip-round ID: .....) on the zrzutka.pl portal by  
....., holder of identity document number ..... for the  
benefit of a person under my care (first name, last name and a personal identity number of a person  
under my care:.....).

This consent does not mean that I grant a power of attorney to the Organizer of a whip- round. I am  
aware that the Organizer, being the sole party to the legal relationship with Zrzutka.pl sp. z.o.o.,  
remains the owner of the funds collected within a whip-round created on Organizer's behalf.

I also declare that I know and understand the terms and conditions of withdrawals of funds collected  
by the Organizer on zrzutka.pl and I agree that the funds collected on the whip- round will be  
withdrawn to the bank account number used in the verification process (according to Terms of Service  
available on zrzutka.pl). I also declare that the terms and conditions of transferring the collected  
amount to my bank account/to a bank account of a person under my care (in case of using  
Organizer's bank account during the verification process instead of my bank account, therefore in  
case of withdrawal of collected funds to the Organizer's account) have been discussed and agreed  
with the person organizing a whip-round for the benefit of a person under my care.

In addition, as a legal guardian of a minor or incapacitated person, I agree to the use of that person's  
personal data, including health data, in particular those included in the medical records concerning  
that person, by Zrzutka.pl sp. z o.o. (operator of the zrzutka.pl service) to verify the authenticity of the  
purpose of a whip-round organized for the benefit of that person. I agree to transferring  
above-mentioned personal data, including medical records, to PayU SA and processing it by this  
entity for the same purpose. Consent is voluntary and may be revoked at any time by sending a  
declaration of revocation of consent to an e-mail address: zrzutka.pl or by ticking the appropriate  
checkbox (box) placed in the the organiser's profile on zrzutka.pl. Granting consent is a prerequisite  
for the withdrawal the funds collected in the framework of an organized whip-round, in the amount of  
20 000 PLN or more, obtaining the status of a verified whip-round, or the status of a promoted  
whip-round. Revocation of consent shall not affect the lawfulness of the processing, which was made  
on the basis of this consent before it had been revoked.

Yours sincerely (signature of the person granting the consent)

**Please be advised that employees of Zrzutka.pl sp. z o.o. may contact you regarding matters related to an organized  
fundraising campaign. Our messages will always be sent from the @zrzutka.pl domain. If you receive a message from  
a different domain or have any doubts, please do not hesitate to contact us by directing your message to  
info@zrzutka.pl.**