

INCOMING students Erasmus + mobility STUDIO, TRAINEESHIP, ICM, Overseas and other University mobility programs

DECLARATION OF RISK ASSUMPTION AND DISCLAIMER

I, the undersigned _____, with the signature of this form

DECLARE

1) to be aware of being protected by the RCT / O policy no. 1911090 for the damages for which I had to be held / or civilly responsible in relation to the institutional activity carried out by me;

2) to have suitable insurance coverage underwritten by me (or underwritten for me by my institution) against accidents that I may suffer in the exercise of my institutional activities. In the absence of suitable coverage I undertake to adhere (under penalty of not being able to carry out the mobility period) to the Institutional Student Accident Insurance n. 802534120 which will provide suitable insurance coverage against accidents that I would suffer in the exercise of my institutional activities both during my stay in the University premises and in any other place, even outside the University, where I can find myself for study reasons , visits and experiments, complementary and accessory activities, in compliance with the conditions set out in the policy;

3) to be aware that the above-mentioned accident policy does not provide a guarantee for diseases and that any virus infections are considered illness;

4) to be aware that the above-mentioned accident policy does not provide the reimbursement of travel documents;

5) to be aware that the European Health Insurance Card (EICH) allows all citizens of the European Union, Switzerland, Iceland and Norway, temporarily in another Member State, direct access to the health services of the country that is hosts under the same conditions as residents (some services could be provided indirectly, or by paying the relative cost on the spot and obtaining a subsequent reimbursement once returned) but does not cover some guarantees typically provided by health policies stipulated in a "private" form, such as medical repatriation. It is recommended to check the conditions of use and the coverage provided by the EHIC at <https://ec.europa.eu/social/main.jsp?catId=559>

Finally, I declare that I am informed that, pursuant to and for the purposes of the GDPR 2016/679, the personal data collected and transmitted to other Bodies also with IT tools, will be processed exclusively in the context of the procedure for which this statement is made. The complete information is available on the website <https://privacy.unipv.it>

Pavia, _____

Full signature