DECLARATION OF ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I, the undersigned ____________________________, University ID n. __________ intending to go to ________________________ for ________________, and being completely aware of the risks associated with my stay abroad, by signing this form ___

DECLARE

1) to be aware I am protected by third-party liability policy n. 1911090 for damages for which I should be held civilly liable in relation to the institutional activity carried out by me;

2) to be aware that, having acquired the necessary authorization, the accident n. 802534120 will provide suitable insurance coverage against accidents that may occur in the performance of my institutional activities both during my stay at the University/host institution and in any other place, even outside the University, both in Italy and abroad, such as, by way of example but not limited to, establishments, industrial or research laboratories, offices of other Universities and Research Institutes and the like, in which I may find myself for reasons of study, visits and experiments, complementary and accessory activities, in compliance with the conditions mentioned in the policy;

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

4) to be aware that the above accident policy does not provide for the reimbursement of tickets;

5) to be aware that the European Health Insurance Card (EHIC) allows all citizens of the European Union, Switzerland, Iceland and Norway, temporarily in another Member State, direct access to the health services of the host country under the same conditions as residents (some benefits may be provided indirectly, i.e. paying the relative cost on site and obtaining a subsequent reimbursement from the relevant ASST), but does not cover certain guarantees typically provided by health policies taken out in "private" form, such as health repatriation. Furthermore, the EHIC card for non-EU students enrolled at UNIPV does not guarantee health coverage outside Italy;

6) to be aware that, according to Presidential Decree n. 1124/65, INAIL coverage operates exclusively in the event that the student performs technical-scientific experience, practical exercises and motor activities; therefore, any injuries that may have occurred to students during theoretical training in the classroom are excluded from INAIL protection. Sending an accident report to INAIL does not automatically recognize the accident and/or the payment of financial compensation;

7) to have been informed by the offices of the importance of purchasing a policy that guarantees health care abroad;

8) to waive, in relation to the mobility period, any claim for damages or compensation against the University of Pavia, with the exception of cases that are mandatory by law.

Finally, I declare that I am informed that, pursuant to and for the purposes of GDPR 2016/679, personal data collected and transmitted to other entities, including by computer, will be processed exclusively within the scope of the procedure for which this declaration is made. The complete information is available on the website __________.

https://privacy.unipv.it

Pavia, __________

Full signature __________________________