

DECLARATION OF RISK ASSUMPTION AND WAIVER OF LIABILITY FOR OUTGOING STUDENTS IN ERASMUS+ STUDY, TRAINEESHIP, OVERSEAS, COIMBRA AND OTHER UNIVERSITY MOBILITY PROGRAMMES

I, the undersigned, _____ University ID number _____
intending to travel to (insert country and name of host Institution)

for (insert the name of the mobility program) _____ and being fully
aware of the risks involved in my stay abroad, by signing this form

DECLARE

- 1) to be aware that I am protected by the **third-party liability insurance policy** for any damage for which I may be held civilly responsible in connection with my institutional activity;
- 2) to be aware that the **University's Student Accident insurance policy** will provide insurance cover against **accidents** that I may suffer during my institutional activities both during my stay on the University's premises and in any other place, even outside the Institution, both in Italy and abroad, such as, by way of example but not limited to, factories, industrial or research laboratories, the premises of other Universities and Research Institutes and the like, where I may find myself for reasons of study, visits and experiments, and other activities, in compliance with the conditions set out in the policy;
- 3) to be aware that the aforementioned accident policy does **not** provide cover for illnesses and that any virus infections are considered an illness;
- 4) to be aware that the aforementioned accident policy does **not** provide for reimbursement of travel 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 services may be provided indirectly, i.e. by paying the relevant cost locally and then being reimbursed by one's local health authority), but does not cover certain guarantees typically provided by health policies taken out on a 'private' basis, such as medical repatriation. Furthermore, the EHIC card for non-EU students enrolled in UNIPV does not guarantee health cover outside Italy;
- 6) to be aware that, pursuant to Presidential Decree no. 1124/65, **INAIL's** protection management on behalf of the State operates **exclusively** if the student carries out technical-scientific experiences, practical exercises, and motor activities; any accidents occurring to students during classroom are therefore excluded from INAIL's protection. Sending an accident report to INAIL does not automatically recognise the accident and/or the payment of financial compensation;
- 7) to have been informed by the offices about the **importance** of purchasing a policy guaranteeing health care abroad and covering medical expenses and medical repatriation also arising from COVID-19 infection;
- 8) to waive any claim for damages or compensation against the University of Pavia, except for the mandatory cases provided for by law.

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 entities, including by electronic means, will be processed exclusively within the scope of the proceedings for which this declaration is made.

The full information is available on the website <https://privacy.unipv.it>

Pavia, ____/____/_____

Full signature