**DECLARATION OF ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

The undersigned

Name .................................................................. Surname.....................................................................

Identification number .............................................................................................................................

Italian Fiscal code ....................................................................................................................................

Enrolled in the Undergraduate courses / Inter- University Master Degree/Ph.D. course in ...................................................................................................................................................................

a.y. .................................... cycle .......................department…………………………………………………………………

With reference to the international mobility for:

* Erasmus+ Study
* Erasmus+ Traineeship
* International internship for final Ph.D. thesis
* Extra-EU mobility
* Double degree/Joint Degree
* Exchange into Academic agreements
* Other type of official mobility

**Declares under its own responsibility**

a) to carry out the international mobility for accepted training needs;

1. to be aware of and to assume all risks associated to the SARS-CoV-2 infection while carrying out the activity abroad, also in the event of an epidemiological situation (for example: lockdown, quarantine, limitations of transport conditions, limitations of the access to the facilities at the Host University / institution and possibility of obtaining entry visa if required by the country of destination);

c) to be aware that mobility is subjected to the acceptance by Host University/Institution and such acceptance or conditions may be subjected to possible change in consideration of the emergency’s evolution;

d) to have verified the current rules and safety protocols at the Host Institution and Host Country, in particular with reference to the possible internal subdivision into specific areas of epidemiological risk, relieving IUSS Pavia of any responsibility for possible infection’ consequences from SARS-CoV-2;

e) to be aware that no reimbursements are expected and therefore to assume additional incurred costs as a consequence of a possible worsening of epidemiological situation and possible health measures adopted, even without notice, by the competent Italian authorities or countries of destination and / or by transports such as airlines, railways, urban and extra-urban public transport and to relieve IUSS Pavia of any cost not covered by health insurance referred to letter k) (biological damage, permanent from Covid-19, travel of family members in case of emergency, repatriation, etc.);

f) to keep constantly updated and to observe rules for prevention and management of emergency situation from Covid-19 and, in particular, to have read and accepted and scrupulously observe the Host Institution’ provisions for those students arriving from Italy (or from country of current domicile), as well as for those students coming back to Italy from host Country, to observe regulations in force (such as any quarantine restrictions and other specific health measures), as reported on the website https: //www.viaggiaresicuri.it/

g) to have registered its own travel on Ministry of Foreign Affair and International Cooperation’s website https://www.dovesiamonelmondo.it/home.html and to communicate **presence, duration, purpose of travel, residence and address** abroad to the diplomatic-consular representations;

h) to have read and accepted conditions of Host University/ Institution regarding offered services such as online teaching process, any failure access to basic services such as university accommodation and canteens, any possible obligation to draw up supplementary insurance and Covid-19 vaccination (for students in Medicine and Surgery and Health Professions);

i) to have acknowledged that Covid-19 vaccination reduces risk of contagion

j) to keep informed, possibly before departure, on health procedures in force at Host Institution, in particular with reference to the emergency from SARS-CoV-2;

k) to have read information regarding Health Care System for European Health Insurance Card’ holders (EHIC) and to have evaluated the opportunity to buy new or supplementary health policy for further coverage which expressly includes healthcare costs regarding Covid-19 emergency’s context;

# l) to have considered the possibility to buy a travel insurance in case of cancellations or delays due to the Covid-19 emergency;

Place and date .....................................

SIGNATURE ...............................................