

**UNIVERSITY SCHOOL FOR ADVANCED STUDIES IUSS PAVIA – ERASMUS+/KA1 PROGRAMME – CALL 2023 - STUDENTS MOBILITY FOR TRAINEESHIP**

*Project financed by the European Union*

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

I, the undersigned .................................................................................................., tax code ........................................................, in the role as ........................................................................................ at the University School for Advanced Studies IUSS Pavia

with reference to the start of international mobility for

o Erasmus+ Training

o Erasmus+ Teaching

I DECLARE

to renounce, in relation to the mobility in question, any claim for damages or compensation against the University School for advanced studies IUSS Pavia, with the exception of mandatory cases provided by law.

and

I FURTHER DECLARE THAT

a) I undertake the aforementioned mobility for justified training needs;

b) I am aware that the mobility is in any case subject to acceptance by the Hosting Organization and that the acceptance or the conditions may be subject to change in consideration of the evolution of the international emergency situation;

c) I will verify the current regulations and security protocols of the Hosting Organization and of the Hosting Country;

d) I will register my trip on the portal of the Ministry of Foreign Affairs and International Cooperation: https://www.dovesiamonelmondo.it/home.html;

e) I am aware that the European Health Insurance Card allows all citizens of the European Union temporarily in another Member State access to the health services of the host country under the same conditions as residents;

f) I am aware that I am protected by the *third party liability insurance policy* for damages for which I may be held civilly liable in relation to the institutional activity I carry out;

g) I am aware that I am protected by the policy subscribed by the University School for advanced studies IUSS Pavia against accidents that I may suffer in the exercise of my institutional activities;

h) I am aware that the aforementioned accident policy covers repatriation expenses that the insured person may incur as a result of a serious accident occurring abroad;

i) I am aware that the aforementioned accident policy does not provide coverage for illnesses and that any virus infection is considered as a form of illness;

l) I have been informed of the advisability of purchasing a personal and supplementary health insurance policy, in light of what is specified in point i) above;

m) I am aware that, pursuant to D.P.R. no. 1124/65, INAIL protection operates exclusively in the event that the student carries out technical-scientific experiences, practical exercises and motor activities; that any accidents that may occur to students during theoretical classroom training are therefore excluded from INAIL protection; and that sending the accident report to INAIL does not imply recognition of the accident and/or the payment of financial compensation.

PLACE, DATE ..................................... STUDENT’S SIGNATUE ...............................................