**DECLARATION OF RISK ASSUMPTION AND DISCLAIMER**

**for trainees**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student number n\_\_\_\_\_\_\_\_\_\_\_\_\_\_ intending to go to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to carry out the training experience as indicated in the training project, being absolutely aware of the risks associated with my stay abroad, with the signature of this form

**I DECLARE**

1) to have been authorized to carry out the training activity on the day \_\_\_\_\_\_;

2) to have read the security conditions of the country of destination by referring to the indications of the Ministry of Foreign Affairs reported on the Viaggiare Sicuri website (<http://www.viaggiaresicuri.it/>) to determine the security status of each country.

3) to have read the declaration signed by the host organization;

4) to be aware of having to comply with the requirements imposed by the host country and the host organization on workplace, related to health and safety and the COVID-19 protocols;

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

6) to be aware that, having acquired the necessary authorization, the University Injury Students policy n. 802534120 will provide suitable insurance coverage against accidents that I would suffer in the course of my institutional activities both during my stay in the University premises and in any other place, even outside the University, both in Italy and abroad, such as by way of example but not limited to, factories, industrial or research laboratories, offices of other universities and research institutes and so on, where I can find myself for study, visits and experiments, complementary and accessory activities, in compliance with the conditions provided in the policy;

7) to be aware that the aforementioned accident policy does not provide a guarantee for illnesses and that any virus infections are considered illness;

8) to be aware that the aforementioned accident policy does not provide for the reimbursement of travel documents;

9) to be aware that pursuant to DPR no. 1124/65, INAIL only guarantees on the occasion of technical-scientific experiences or practical exercises;

10) to have read the validity conditions of my TEAM card within the host country and to be aware that in any case it does not guarantee medical repatriation, even in case of need;

11) to waive any claim for damages or compensation against the University of Pavia, excluding cases that are mandatory 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 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, date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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