**PhD Students travelling for study reasons for research purposes (not for a working travel or internship)**

**DECLARATION OFASSUMPTION OF RISK AND WAIVER OF LIABILITY**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student number n\_\_\_\_\_\_\_\_\_\_\_\_\_\_ intending on a voluntary basis to go / extend my stay in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to carry out the academic experience as authorized by the relevant Academic Board, being absolutely aware of the risks associated with my stay abroad, by signing this form

**I DECLARE**

1) that the host university has declared itself available to make me carry out my research activity;

2) to have been / or authorized by the relevant University Board to carry out the training activity on \_\_\_\_\_\_;

3) 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;

4) to be aware of having to comply with the requirements imposed by the host country and by the host university / institution / research center on workplace health and safety and COVID-19 protocols;

5) to be aware of being protected by the civil liability policy towards third parties / workers (RCT / O) no. 1911090 for the damages for which I had to be held / or civilly responsible in relation to the institutional activity I carried out;

6) to be aware that, having acquired the necessary authorization, the University Injury Students policy n. 802534120 will provide appropriate insurance coverage against accidents that I should suffer in the exercise 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 the like, 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 diseases 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 Presidential Decree 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 European Health Insurance Card (TEAM) 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 request for compensation 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 \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_