

**To: Research and Third Mission
Area
Training for Research Unit
PhD Office**

**DECLARATION OF RISK ASSUMPTION AND
DISCLAIMER
for PhD students**

I, the undersigned _____, intending to go to _____ to carry out the training experience as authorized by the Academic Board of my PhD program, being absolutely aware of the risks associated with my stay abroad, with the signature of this form

DECLARE

- 1) that the University / research institution / research center declared itself available to allow me to carry out my research activity in presence;
- 2) to have been authorized by the Academic Board to carry out the training activity on the day_____;
- 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.viaggiariesicuri.it/>) to determine the security status of each country.
- 4) to be aware of being protected by the RCT / O policy no. 178262860 for the damages for which I had to be held civilly responsible in relation to the institutional activity carried out by me;
- 5) to be aware that, having acquired the necessary authorization, the University Injury Students policy n. 406392448 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;
- 6) to be aware that the aforementioned accident policy does not provide a guarantee for illnesses and that any virus infections are considered illness;

- 7) to be aware that the aforementioned accident policy does not provide for the reimbursement of travel documents and does not apply during travel;
- 8) to be aware that, pursuant to DPR no. 1124/65, INAIL only guarantees on the occasion of technical-scientific experiences or practical exercises;
- 9) to have read the validity conditions of my TEAM card (Tessera Europea di Assicurazione Malattia – European Card for Health Insurance), if owned, within the host country and to be aware that in any case it does not guarantee medical repatriation, even in case of need;
- 10) that I intend to subscribe / I have subscribed a private health insurance policy valid in the host country, if this does not fall within the validity of my TEAM card or if I do not own a TEAM card;
- 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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