

INDIVIDUAL ASSURANCE DECLARATION - Destination: European Country

To the attention of the lead partner and host foreign body's leader,
With this letter we certify that the participant is covered by insurance as specified below:

1. Participant's name:

The Participant is beneficiary of the ERASMUS+ project:

Project -
VET International Consortium for Tourism and Environment - ACCREDITAMENTO 2021/2027 – annualità 2024 2025 - cod. 2024-1-IT01-KA121-VET-000206604

Promoted by:

I.P.S.E.O.A.S.C. "G. de Carolis" di Spoleto and National Consortium

Aware that the planned placements will be made in a foreign country.

The school certifies that the beneficiary is covered by the insurance policy number:

**Polizze
Infortunati n.**

of the insurance company:

UNIPOL, sede SPOLETO

The insurance policy is valid for the whole period, cover the period of stay in the foreign country, and covers the following risks: **Accidents and Third party liability Health and Covid disease**

A copy of the insurance policy will be enclosed.

The participant, under his own responsibility, is in possession of an ID card for health care abroad.

The participant must observe the COVID-19 rules and measures of the host country.

The participant exonerates the organization and the support staff (coordinators, tutors, school staff and the enterprise) by any liability, in case of non-compliance with the rules, during the training time.

The participant exonerates the organization and the support staff (coordinators, tutors, school staff and the enterprise) by any liability, in case of non-compliance with the rules, for the time spent in the accommodation site, during excursions or during leisure time.

The participant exonerates the organization and the support staff (coordinators, tutors, school staff and the enterprise) by any liability, for the time spent during the individual leisure, out of the training program.

Signed and stamped in _____, ____ / ____ / ____ /

Head Master- Prof.ssa Roberta Galassi
Legal Representative - Leading Institute

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Participant's Signature

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