INDIVIDUAL ASSURANCE DECLARATION - Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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:* |  2024-1-IT01-KA121-VET-000206604 |
| *Promoted by:* | IPSEOASC "De Carolis" |

|  |  |  |
| --- | --- | --- |
| Aware that the planned placements will be made in B Intermediary Agency \_\_\_\_\_\_\_\_\_\_*,**The school certify that the beneficiary is covered by the insurance policy number:* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Insurance policy number** |
| *of the insurance company:*  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **name of the insurance company** |
| *The insurance policy is valid for the whole period, cover the period of stay in the foreign country: \_\_\_\_\_\_\_\_\_* |  | **dd/mm/yy - dd/mm/yy** |

*and covers the following risks:* ***Accidents and Third party liability***

 *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 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.

Headmaster – Roberta Galassi ......................................................

Signed and stamped in Spoleto \_\_\_/\_\_\_\_/202

The participant

 ......................................................

Signed and stamped in \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_/\_\_\_/202