

STUDENT/GRADUATE DISCLAIMER FOR

CURRICULAR/EXTRACURRICULAR INTERNSHIPS ABROAD

The Undersigned …………………………………………………………………………………, tax code .………….…………………… , student ID number …………,[ ]  graduate on …………….. / [ ] enrolled on the study programme………………………………………………………. , with reference to the application for an internship at ……………………………………………….. (name of host organization) with registered office in ……………………………………….. ………………………………………………………….. (full address of the registered office of the host organization), without prejudice to the insurance coverage offered by the University for accidents and civil liability,

**Declares under his/her own responsibility** that he/she:

1. Will keep up with any updates, especially through Italian diplomatic and consular channels abroad, and comply with Covid-19 prevention and management rules;
2. Has read and accepted the terms and conditions applying in the destination country (to anyone arriving from Italy or from the current country of domicile) and in Italy (to anyone returning to Italy from the host country), including but not limited to quarantine, restrictions, swab or serological testing requirements, etc. He/she is aware that Italian authorities and the destination country may adopt restrictive measures on the movement of people;
3. Has read and accepted the terms and conditions for carrying out the internship activities at the host organization, e.g. in terms of delivery mode, no access to basic services such as facilities and laboratories;
4. Is aware that cross-border circulation may increase Covid-19 contagion risks, as well as the risk of Covid-19 infection while abroad;
5. Has considered taking out private health insurance to cover any risks associated with Covid-19;
6. Releases the University of Milan from all liability connected to any issues arising from early/late return, and holds it harmless from the costs incurred (e.g. health, travel or other expenses) due to Covid-19 and/or internship suspension/cancellation.

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| DATE AND PLACE | …………………………………………………………………………… |
| SIGNATURE | ……………………………………………………………………………. |