

STATEMENTS

The undersigned

LAST NAME NAME DATE OF BIRTH
PLACE OF BIRTH COUNTRY PHONE

1) Subscription of the notice and the insurance coverage

joined the call for participation for the Itinerant Master in **Architecture and Museum Design for Archaeology, strategic design and innovative management of archaeological heritage** by sending the application form to the organizing secretariat simultaneously to payment of the confirmatory installment by the deadline on October 31, 2021, and being the same successful:

- I have read the Notice of Admission in all its parts, attachments, items and tables. In particular Articles No. 6, No. 7, No. 8.
- To be aware that the calendar, as expressed in the Annexes A and B of the application form, could be modified both in terms of dating, both about locations, due to unexpected events or incidents occurred in started training and therefore not programmable. In addition, variations due to economic hedging problems than any quotations received from the suppliers of services and deemed unacceptable by the Secretariat.
- I have been informed that the insurance coverage for injury provided by the Accademia Adrianea refers to a cumulative policy, signed with GENERALI, Agency of Monza, Largo XXV Aprile (153 00) Policy No. **400446137**, dated 28.02.2020 and to be renewed before every deadline (file named ASSICURAZIONE INFORTUNI_RINNOVO 28.02.2022).
- I have been informed that the insurance coverage for **third party liability** provided by the Accademia Adrianea refers to a cumulative policy, signed with GENERALI, Agency of Monza, Largo XXV Aprile (153 00) Policy No. **380218261**, dated 15.10.2018 and to be renewed before deadline (file denominato ASSICURAZIONE R.C._RINNOVO 15.04.2022).
- To have received a copy of the insurance policy for indemnity coverage from pandemic influenza syndromes and to be informed that the coverage provided by the Adrianea Academy refers to a cumulative policy, stipulated with INTESA SANPAOLO RBM SALUTE, Policy N ° 0031013149, on 21.08.2021 and to be progressively renewed (file called ASSICURAZIONE COVID_RINNOVO 21.08.2022 + ASSICURAZIONE COVID DIP AGGIUNTIVO).
- I agree to the proposed coverage and, in case of injury of the undersigned, having nothing to expect from the Academy Adrianea, I bring up from now of any responsibility and economic burden.
- I declare to accept the cover proposed and, in case of injury of the undersigned (accident policy) or damage caused to third parties, people and things (civil liability policy), having nothing to claim from the Accademia Adrianea, which raises now from every responsibility and economic burden.

2) Subscription of instructions

- I have read and accepted in every part of the rules of procedure into the community of the Master.

I have read and accepted all the points of this declaration

ROME, JANUARY 18, 2022

SIGNATURE