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, 2022, 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 quotatations 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 28.02.2024).
- 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 denominate ASSICURAZIONE R.C._RINNOVO 15.04.2024).
- 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, NOVEMBER 10, 2023

SIGNATURE

Accademia Adrianea di Architettura e Archeologia onlus
Sede legale: Via della Gatta 6 – 00186 Roma - IT
Sede amministrativa: Via del Pantheon 57 – 00186 Roma - IT
Tel. + 39 06 94539143 - Fax + 39 06 94539144 - cell. + 39 340 9388353
Partita IVA: 14065691009 - Codice Fiscale: 97450580580
Didattica: premio.piranesi@gmail.com - *Amministrazione*: mpatti@accademiaadrianea.net
www.accademiaadrianea.net - www.premiopiranesi.net