

**LIABILITY WAIVER FOR STUDENTS
NOT CONTRACTING MOBILITY INSURANCE**

Personal data			
DNI, NIE or passport	First surname	Second surname (if relevant)	First name
Email address		Student code	

Programme of study information	
Faculty or school	
Programme	Year

I STATE THAT:

- I am participating in an international mobility programme approved and supervised by the UdG.
- I am doing an in-company internship approved and supervised by the UdG.
- I am registered in a master's degree programme.
- I am a visiting student on a temporary stay, approved and supervised by the UdG.

And

I DECLARE THAT:

I have been informed by the University of Girona about its mobility insurance to cover travel, accidents and healthcare.

I have decided not to contract this insurance policy offered by the University of Girona given that:

- I have already contracted a policy with the same or better coverage.
- I will contract a policy with this type of coverage on my own.

I also declare that I am aware that if I don't contract any insurance policy, the University of Girona declines any responsibility in this regard.

Place and date:	Student signature:
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HONOURABLE RECTOR OF THE UNIVERSITY OF GIRONA