

To the **Department of Mathematics  
and Computer Science "U. Dini"**  
Viale Morgagni 67/A  
50134 Firenze

**VISITING PROFESSOR's STATEMENT ABOUT INSURANCE COVER WAIVING**

The Undersigned .....

born in (City, State, Country).....

on (dd/mm/yyyy) .....,

as a **Visiting Professor** .....

**HEREBY DECLARES**

that, regarding the period

(starting dd/mm/yyyy) ..... -- (final dd/mm/yyyy) .....

in which He/She will be accessing the Department of Mathematics and Computer Science's premises, He/She will not hold, in any way, the University of Florence or this Department, through its legal representative, responsible for any possible injury that may occur to Him/Her during His/Her stay in Italy.

Place and date

Signature