

DECLARATION FOR HEALTH AND LIABILITY INSURANCE FOR NON ITALIAN RESIDENTS

I, the Undersigned
Place of birth
Date of birth
Parent of
Place of birth
Date of birth
Address of residence
City of residence
Country of residence
Signed up to the Summer Camp
FromTo
I HEREBY DECLARE
to be aware that the health and liability (civil responsibility) insurance of the agency Sport and F Holidays Srl, the organizer of the above-mentioned camp, is not valid for Summer Camp participants they are living abroad;
and further declares
that my son/daughter has health insurance valid in Italy that covers health benefits resulting from accident, illness, medical care and reimbursement of medical expenses;
that my son/daughter is in possession of insurance valid in Italy covering Civil Liability in event of damage involuntarily caused to third parties, for death, personal injury and damage property as a result of an accidental event occurring during the Summer Camp purchased.
Date Signature



