Travel from ___________ to ___________ until ___________ on the occasion of the project

Declaration by the traveler to the Technical University of Munich (TUM)

A) **Exclusion of double support:**

I travel at my own expense. I do not receive any other funding besides the support through funds from TUM without borders and do not get any additional funding to cover the travel costs from other institutions.

B) **Personal responsibility of the traveler:**

I have informed myself about the vaccinations recommended by the WHO.

I have read and understood the country-specific safety instructions of the German Foreign Office. I am aware of the risks that cannot be avoided when traveling to ___________.

I have taken out a private international travel insurance that includes repatriation.

C) **Limitation of Liability of the Technical University of Munich (TUM):**

TUM is **not** responsible for the damage and loss of my property.

TUM is **not** responsible for damages I cause to other persons (third parties) or to TUM during the travel/stay in ___________.

I declare I have sufficient liability insurance in this regard.
TUM and its employees involved in the organization and execution of the trip are only liable for property damage and financial loss caused by intent or gross negligence. This limitation of liability does not apply to damages resulting from injury to life, body or health.

Otherwise, the statutory regulations apply with regard to accident and liability protection.

This agreement shall become effective upon signature on this document. It applies to claims for any legal reason.

☐ I have read and understood the text above.

☐ I expressly agree to the terms of my personal responsibility and the limitation of liability of TUM.

Munich,

___________________________________________________________________________
Name (Matriculation number) Signature

In case of emergency the following person should be notified:

____________________________________________________________________________
Name Telephone number

____________________________________________________________________________
Address