

## Indemnity Form: HAQAA2 physical events

I, \_\_\_\_\_ (full name and surname), hereby consent and agree to the following:

**Travel Insurance:** Is my sole responsibility to ensure my adequate health and travel insurance coverage for the duration of the trip. I hereby confirm that I would cover my stay if required to quarantine in the country of destination for the HAQAA2 events.

OBREAL Global – Coordinator of HAQAA2 - will not cover any expense, medical or costs attributed to the global COVID-19 pandemic beyond the testing to enter and leave the country of destination.

OBREAL Global will not cover any loss, injury, damage or legal liability caused by, sustained, or arising directly or indirectly from: War or warlike operation, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, quarantine; or customs regulations; or nationalization by or under the order of any government or public or local authority; Pandemic crisis; Acts of Terrorism; Intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; Natural disasters or meteorological phenomena.

**Good health:** I guarantee that I am in good health at the time of travelling and there are no medical reasons why I should not travel.

Signature:

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2022

Name & Surname: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This initiative is implemented on behalf of the European and African Union Commissions by: