Załącznik nr 6a do ZR nr 164/2020 z dnia 30 września 2020 r.

**DECLARATION**

Regarding the foreign trip to ……………………………………………………………….. …………………………………………………………………………

 (receiving institution, place, country)

in the period from …………………… to ……………………

I, the undersigned, declare that

1) I take part in the foreign trip on my own responsibility;

2) I am aware of the risks related to the foreign trip and declare that I will not make any claims against the Wrocław University of Economics and Business resulting from the deterioration of my health (e.g. due to the COVID-19) nor apply for any benefits from the University, in particular for the compensation payment;

3) I am aware of the fact that the approval for the trip may be withdrawn if the pandemic situation in Poland or in the receiving country changes;

4) In the case of possible symptoms of COVID-19 such as fever, cough, shortness of breath, breathing problems and other symptoms related to the suspicion of COVID-19 infection, I undertake to immediately notify (by phone or e-mail) of this fact or fact of being in quarantine my superior (applies to the employees)/ Head of the Dean’s Office (applies to the students)/ Dean of the Doctoral School (applies to the Ph.D. students).

I declare under the penalty of perjury according to the Article 233 § 1 of Law of the 6 June 1997 Poland’s Penal Code (Journal of Laws of the Republic of Poland of 2020, item 1444, as amended) that the data I have provided is true.

…………… ……………… ……………………

(date) (legible signature of the person travelling to the receiving institution)