**Letter of Liability**

Hereby the undersigned,

Name : …………………………………………………………………………………………………………….

Student nr : .……………………………………………………………..…………………………………………….

Home address : …………………………………………………………………………………………………………….

Postal code, City: ……………………………………………………………….……………………………………………

Country : …………………………………………………………………………………………………………….

E-mail address : ………………………………………….......................…………………………………………….

Phone nr : …………………………………………………………………………………………………………….

participant of the **practical fieldwork training** for the Master’s programme in CA-DS,

in (country, place) : …………………………………………………………………………………………………………

during the period of : …………………………………………………………………………………………………………

Address in country of destination: ……………………………………………………………………………………………..

………………………………………………………………………………………………

Contact person in country of destination: ……………………………………………………………………………………

contact person’s phone number: …………………………………………………………………………………………………….

declares to participate at his/her own risk, in the practical fieldwork training program, thus absolving Leiden University of any responsibilities for:

* all damage done to other parties during the period of this research training;
* all personal damage suffered during the period of the fieldwork training, including damage caused or suffered during travel to, or during stay in the research site, any mental and physical damage and/or damage done to personal belongings, as well as to the finance invested in this training.

The undersigned also declares that he/she is enrolled during his/her research training as a student or auditor at any university in the Netherlands and that to his/her knowledge his/her state of health is no impediment to a stay abroad of three months or more.

Leiden,....………………………………………….(date) ………………………………………………………………(signature)