



## VISITOR CONDITIONS AND AGREEMENT

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**Northwest Institute for Architecture and Urban Studies in Italy (NIAUSI),  
dba The Civita Institute**

**Our Fellowships, Residencies, Educational Programs and Member Stay Program** allow our Visitors to stay in our rustic buildings in Civita di Bagnoregio, Italy ("Civita"). Your contributions support the heart of our operations, restoration efforts, research and educational programs. Our visitors are integral to our mission, and we welcome all who participate in these programs.

**By staying in these facilities, I/We agree to the following:**

**Cleaning, Loss and Damage.** The facilities will be left in the same conditions in which they were found upon our arrival. The costs for any property damage, items missing or costs for unusual cleaning will be assessed and such costs will be billed to us. I/we agree to promptly pay the Civita Institute for all such costs.

**Act Responsibly.** I/we recognize and are comfortable with the fact that these facilities are historic buildings, rustic in nature and not necessarily constructed to modern codes or modern safety standards, are not handicap accessible, and that access to and within these facilities can be physically challenging. I/we acknowledge that we have a duty to exercise extreme caution in the use of the facilities and that the undersigned shall be solely responsible for looking after the safety of ourselves and any other members of our party, especially children staying with us.

**Waiver and Release.** By staying or visiting in these facilities and signing below I/we hereby WAIVE, RELEASE, AND DISCHARGE any and all claims against NIAUSI dba the Civita Institute, its Directors, Anthony Heywood, Civita Institute agents and employees, and against any of their heirs, agents, successors or assigns, for any and all damages whatsoever (including, without limitation, personal injury or property damage), which I/we may have, or which I/we may subsequently experience, as a result of staying at these facilities. This Waiver and Release is binding as to any other persons who may pursue any such claims on my behalf, including my family members, heirs, executors, and administrators. I/we also agree to indemnify, defend and hold harmless NIAUSI dba the Civita Institute, its Directors, Anthony Heywood, Civita Institute agents and employees, and against and any of their heirs, agents, successors or assigns arising in any way from all claims for damages to any of our belongings, and/or for losses, injuries or costs sustained by the undersigned or any member of our party. In the event of any dispute I initiate I will be solely responsible for paying any attorneys' fees and costs incurred by all parties in connection with these Visitor Conditions and Agreement.

I also release the Civita Institute, its Directors, Anthony Heywood, Civita Institute agents and employees, and against and any of their heirs, agents, successors or assigns from any claims or

costs that may arise as a result of any First Aid treatment or medical services administered in connection with my stay or residency in Civita, or thereafter, whether in Italy or elsewhere. In the event I am incapacitated as a result of my stay or residency in Civita, I hereby give permission that I may: (a) be given emergency treatment including First Aid and CPR; (b) be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment; and (c) receive medical, dental, surgical and hospital care treatment and procedures deemed immediately necessary by a physician or other medical or emergency personnel. I waive my right of informed consent to such treatment.

**Medical Insurance Required.** I further understand that I am required to maintain my own international medical and disability insurance coverage that will be in effect and will cover any accident or injury during my stay or residency in Civita and thereafter, whether in Italy or elsewhere. I will email or mail to the address below evidence of my international medical insurance that will provide coverage in Italy before I leave the country for my trip to Italy. I will also bring to Civita a copy of my medical insurance card and/or any supplemental international medevac insurance showing Insurance Provider, Plan, Group Number, and Contact Information. By signing below, I acknowledge these requirements. I further acknowledge and agree that I/We will be completely responsible for paying all costs for medical care and medical transportation administered in connection with my/our stay in Civita and thereafter and that NIAUSI/The Civita Institute is not responsible for paying any medical costs or fees of any kind.

**Access.** Anyone with authority granted by the Civita Institute may have access to the facilities during your stay, for repairs and other access. This is unlikely to happen, but if it does, you will be provided as much warning as is practical.

**Cancellations by Members.** It is very important that visitors who reserve spaces at the Civita Institute facilities provide advance notice if they must cancel their reservation, so that we can accommodate others. If you cancel a reservation for any reason, you must notify us in writing, by e-mail, fax or post within 30 days of your Membership reservation.

**Cancellations by the Civita Institute.** We may cancel a reservation at any time before the date begins and would expect to do this only in the event of an emergency such as essential building or repair work, or for some other reason unforeseen by us at the time your stay was arranged. In this very unlikely event we will credit any benefits in connection with the arrangement, but will not have any liability beyond this, and without limitation of the foregoing, will not have any liability for travel costs or any other expenses incurred by you in relation to the cancelled stay.

I hereby represent and warrant that I am at least eighteen (18) years old, have read these Visitor Conditions, and understand its contents. I make the representations, warranties, waivers, and releases herein in exchange for staying at and using the Civita Institute facilities.

Agreed and Accepted: By: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

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