LIABILITY AGREEMENT BETWEEN

VACCINE PROVIDERS AND VACCINATED PARTY

NOTICE

All Unalienable rights reserved.

Herein the terms ‘administration’ and ‘administrator(s)’ refers to all parties providing and/or “mandating” vaccine services and products including vaccine manufacturers, distributors, hospitals, clinics, physicians, nurses, government agents and agencies, healthcare providers and all other parties promoting and recommending the uptake of vaccines. This agreement is between the parties identified herein who on the one hand, will receive vaccinations or be affected by the consequences of vaccination including the vaccinated party/s, their guardians, representatives, and interested parties; and on the other hand, the administrators and providers of the vaccine/s in their various capacities. The parties are identified below:

Individual intended for vaccination: ……………………………………………………………………………………………………………………………………

 Adult /  Minor (please tick) Birthdate: ……………………………………

Parents / guardian / head of household: …………………………………………………………………………………………………………………….……

Address: …………………………………………………………………………………………………………………………………………………………………………………………

Telephone(s): …………………………………………………………………………………………………………

Email(s): ……………………………………………………………………………………………………………………

Vaccine to be given: ……………………………………………………………………………………………………

Manufacturer: …………………………………………………………………………………………………………………

Batch details: …………………………………………………………………………………………………………………

Date of batch: ……………………………………………………………………………………………………………….

 Please tick if the vaccine insert been shown to the parent or guardian

 Please tick if the known risks and potential side effects have been fully discussed

Authorized Officer of the Organization Administering Vaccinations

Full name: ……………………………………………………………………………………………………………………………………………………………………………………

Job title: …………………………………………………………………………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………………………………………………………………

Telephone(s): …………………………………………………………………………………………………………

Email(s): ……………………………………………………………………………………………………………………

Administrator, i.e. person giving the vaccine

Full name: ……………………………………………………………………………………………………………………………………………………………………………………

Job title: …………………………………………………………………………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………………………………………………………………

Telephone(s): ……………………………………………………………………………………………………………………

Email(s): ……………………………………………………………………………………………………………………

Liability bond number: ……………………………………………………………………………………………………………………

Driving license number: ………………………………………………………………………………………………

Alternative administrator, i.e. second person giving the vaccine or present at administration

Full name: ……………………………………………………………………………………………………………………………………………………………………………………

Job title: …………………………………………………………………………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………………………………………………………………

Telephone(s): ……………………………………………………………………………………………………………………

Email(s): ……………………………………………………………………………………………………………………

Liability bond number: ……………………………………………………………………………………………………………………

Driving license number: ………………………………………………………………………………………………

I hereby agree to and with the following stipulations, terms, declarations and positions:

1. I understand that vaccines are not a perfect, or fully proven, method of disease prevention or control
2. I understand that they are not 100% effective
3. I understand that vaccines can cause injury and disease. This can seriously and negatively affect the lives of vaccinated individuals, their families, and their communities
4. I understand that vaccine side effects can lead to major expense for individuals, their families and communities. These costs are solely the responsibility of those who administrate the vaccine, as is any liability
5. I understand that vaccines carry risks. This is the sole responsibility of the administrators and providers of the vaccine
6. I understand that negative health effects may take months or years to appear
7. I understand that no one may be forced, coerced or compelled to accept medical treatment or foreign substances inserted into their bodies without full voluntary consent and full disclosure. Administering a treatment, harmful or otherwise, without consent and full disclosure is both unlawful and unethical
8. I understand that vaccinations do, on occasion, cause harm, injury and disease, including the disease they are intended to prevent. I take responsibility for this and I accept the liability
9. I understand that there are particular dangers and hazards when combining more than one vaccination and that this has not been fully researched.
10. I understand that individuals have different physiologies, and that a vaccination, which may be harmless to one individual, may be quite harmful to another individual - especially if a child has allergies, poor immune function or an autoimmune disease, or if they are unwell at the time of vaccination
11. I understand that, prior to the administration of any vaccination, there must be full disclosure to all interested parties of the known and presumed risks, hazards, harm and failures of the vaccination. The contents of the vaccine must be declared including all trace chemicals and components, whether or not administrators consider those elements to be of consequence so that the recipients of vaccinations can make fully informed decisions with regard to accepting them.
12. I understand that the administration of vaccinations without full disclosure and the full voluntary consent of all the interested parties represents criminal violation, malpractice and leaves me liable for financial and other consequences
13. I understand that if a person attempts to enforce a ‘mandate’ on any unwilling or uninformed party, whether or not that ‘mandate’ is provided in law, codes or regulations, is personally fully-liable for any and all harm, loss, damage and negative consequences caused. That liability extends to all administrators of that ‘mandate’, all legislators who were involved in the creation of that ‘mandate’ and all companies and individuals who promoted that ‘mandate’ through lobbying or other political action and all parties who participate in the enforcement of the ‘mandate’
14. I understand that, as an administrator or provider of any ‘mandated’ vaccination I am assuming all liability, obligation and responsibility for any and all negative and/or unintended consequences of the administration of the vaccine and that I must ‘make whole’ the recipients of the vaccine, their guardians, families and community for any and all financial and personal harm, damage and losses caused by the vaccine and any and all harm which may be reasonably attributed to the vaccine
15. I understand that I must disclose all risks of vaccination prior to administration of the vaccine and, because vaccinations do pose risks, I must allow the recipients, guardians and families to refuse the vaccination at their sole discretion, and that disclosure of hazards and risks does not absolve me from any responsibility, liability or accountability for negative consequences of the vaccinations I administer
16. If a person suffers any disease or injury at any time after vaccination and not before vaccination and that disease or injury cannot be affirmatively attributed to any particular cause other than the vaccination, then I agree that it is reasonable to presume that the injury or disease was or may have been caused by the vaccination and I will so presume and accept that theory in the absence of compelling evidence to the contrary.
17. If the vaccine recipients, guardians, family members and interested parties of the vaccinated party should, after the vaccination, submit claims for harm, loss, damages, injuries or disease which they suspect to be caused fully or partially by the vaccination, then the claims must and shall be paid and delivered by the administrators of the vaccination (above) to the claimant/s without challenge, within 30 days from submission of each claim, and any challenge to the claim/s must be undertaken to recover the payment and service through formal written process and/or legal action. Requests for recovery of claims paid must be supported by fact, evidence, law, and moral cause. Refusal or obstruction of service of claim shall not reduce obligations and shall be cause for escalated claim.
18. I am aware and understand that all administrators of vaccinations are responsible for any emotional distress caused by their vaccinations and are liable for compensation for such emotional distress to the victim/s.
19. Administrators of vaccinations hereby agree that they will allow and facilitate recording, videotaping, documentation and investigation of all services and processes they administer to the vaccine recipient and that administrators of vaccinations will not refuse or obstruct that information gathering for such reasons as ‘privacy’ or ‘security’.
20. I am aware and understand that any failure or refusal to sign this agreement causes suspicion of intention to do harm to the vaccinated party and others and to avoid responsibility for potential harm that may be caused by vaccination, and I am aware and understand that failure or refusal of signature of this agreement by any administrator of vaccines is cause for rightful refusal of vaccination by the intended vaccination recipient with law, code, regulations, contracts and ‘mandates’ notwithstanding.
21. Any threat of consequence for refusal of vaccination/s, such as removal from school, quarantine, ‘child endangerment’, etc. is coercion, is offensive, inappropriate, unlawful and violates parental rights. There is no law and can be no valid law which would rightfully grant authority over any individual to determine medical treatment for any other party who is in possession of their faculties. Refusal of vaccination does not in any way imply poor judgment or diminished capacities.
22. I am / am not **(circle one)** claiming that I personally have the right and authority to force medical treatment and vaccinations upon the party (above) whom I intend for vaccination without his/her consent. If I claim that authority, then I will provide all legal and official reference which bestows that authority upon me specifically against the intended recipient of the vaccination. I understand that I must provide evidence of authority to the satisfaction of all interested parties before the person intended for vaccination may be vaccinated because the interested parties presume that no such authority exists nor can exist, and, in many cases, the harm caused by vaccinations cannot be reversed.
23. I agree that the person intended for vaccination is not responsible for gathering the signatures on this form. The parties intending to vaccinate must acquire and share this form, sign it and deliver it in multiple copies to any party intended for vaccination upon request. At such time as the duly signed forms are delivered to the person intended for vaccination, those agreement forms will be signed by the person intended for vaccination or by his/her guardian and one copy will be returned to each administrator of the vaccination/s. If one of the requested administrators above fails to sign and return the form, all agreements are void and vaccination is refused.
24. Refusal to sign this form is evidence of deceit, bad faith and hypocrisy on the part of a vaccine administrator who may recommend vaccination as ‘safe’, but, at the same time, deny responsibility for the hazards. If vaccinations are ‘safe’ then refusal or hesitation to sign this form is firm indication of misrepresentation with the assertion of ‘safety’.

**NOTICE**: If this form is refused or not signed by all vaccine administrators then refusal of vaccine is **lawful,** and refusal must be presumed and honoured. Vaccination does pose risks, therefore administration of vaccine without signature on this agreement by all parties called for herein or and/or without fully informed consent by all interested parties constitutes criminal assault, malpractice, intentional harm and violation of rights against the vaccinated parties and all other parties of common interest by the administrators and providers of the vaccine whether any harm is caused or not by the vaccination, therefore, without fully informed consent by all interested parties, major obligations arise from non-consensual vaccination whether or not the vaccination causes physical injury or disease.

**NOTICE**: Refusal to sign this form is admission that the vaccination may cause harm and should not be given. This is separate and distinct from any benefit/s or ‘necessities’ that may be attributed to the vaccination and/or vaccination program.

**NOTICE:** A separate agreement must be signed for **every** individual to be vaccinated.

**SIGNATURES OF THE AGREEING PARTIES**

Individual intended for vaccination: ……………………………………………………………………………………………………………………………………

Print name: ……………………………………………………………

Date: ……………………………………………………………

Parent / guardian / head of household (if different from above): …………………………………………………………………………………………

Print name: ……………………………………………………………

Date: ……………………………………………………………

Authorized:

Officer of vaccine manufacturer: …………………………………………………………………………………………………………………………………………..

Print name: …………………………………………………………………………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………………………………………………………………………

Liability bond number: ……………………………………………………………………………………………………………………

Authorized officer of the organisation administering the vaccinations:

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

Print name: …………………………………………………………………………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………………………………………………………………………

Liability bond number: ……………………………………………………………………………………………………………………

Individual Administering the Vaccination to the Vaccine Recipients (Nurse, Healthcare Provider or Other), Name: …………………………………………………………………………………………………………………………………………..

Print name: …………………………………………………………………………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………………………………………………………………………

Liability bond number: ……………………………………………………………………………………………………………………

**Fee schedule: non-negotiable**

1. Medical damage/death caused by vaccine and or ingredients, plus full medical care for to duration of life.
2. Full legal/lawful costs and expenses incurred, including court and enforcement recovery costs.
3. Compensation of one billion pounds payable in gold or silver bullion or lawful ? currency?