

‘NOTICE OF LIABILITY’

Pharmaceutical VACCINATIONS and *TESTS

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(IMPORTANT: ACTION REQUIRED)

- CONDITIONAL ACCEPTANCE OF ‘VACCINATION(S) / TEST(S)’ -**
- AGREEMENT BETWEEN THE PROVIDERS AND VACCINATED / TESTED PARTY -**

‘NOTICE OF LIABILITY’: PHARMACEUTICAL VACCINATIONS & *TESTS

- CONDITIONAL ACCEPTANCE OF ‘VACCINATION(S) / TEST(S)’ - - AGREEMENT BETWEEN THE PROVIDERS AND VACCINATED / TESTED PARTY -

Herein the terms “**administration**” and “**administrators**” refers to all parties providing and/or “**mandating**” **Vaccine & Testing services and products** including Government Agents such as - the Prime Minister, Parliamentary Members, Elected Officials, Medical Authorities, Regulators, Scientific Advisers, General Practitioners (GPs), Nurses, Healthcare Providers, Vaccine / Test Administrators, Enforcement & Military Personnel, Agencies, as well as, ‘**Vaccine and Test**’ Manufacturers, Marketers, Lobbyists, Distributors and all other parties bringing “**mandated**” **Vaccines and Test(s)** to application or to market in any way.

This is **an agreement** between the parties identified herein who **on one hand**, will receive ‘vaccination / test’ or be affected by the consequences of the ‘vaccination or test’ including the ‘vaccinated / tested’ party/ies, their guardians, representatives, and all persons of common interests and, **on the other hand**, the ‘administrators and providers’ of the ‘vaccine / test’ in all the various capacities. Those parties shall be identified at the end of this document.

Individual intended for ‘Vaccination and Test’: _____

Circle one: Adult - Minor

Parents or Guardians Names and/or Head of Household: _____

Children's names (all family members): _____

Address: _____

Phone No: _____

Other contacts if available: _____

Name of vaccine / test to be provided _____

DATE: _____

As ‘administrator’ of this ‘vaccine / test’, I hereby agree to and with the following representations, stipulations, terms, declarations and positions:

1. I am aware and understand that **‘vaccines / tests’ are not a perfect or a fully proven method of disease control.**
2. I am aware and understand that **‘vaccines / tests’ are not 100% effective.**
3. I am aware that **‘vaccines / tests’ have not been tested enough to show that they are 100% safe and effective.**
4. I am aware and understand that **‘vaccines / tests’ can cause death or injury and disease**, which seriously and negatively affects the lives of ‘vaccinated / tested’ individuals, their families and their communities.
5. I am aware and understand that **‘vaccines / tests’**, when causing disease and injury can cause major costs to individuals, families and communities, which costs are **solely the responsibility and liability** of the causing agents which are the **‘administrators and providers’** of a harming or ineffective ‘vaccine / test’.
6. I am aware and understand that **‘vaccines / tests’ cause risk**, which is the **sole responsibility of the ‘administrators and providers’ of the ‘vaccine / test’.**
7. I am aware and 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’ under full disclosure** and that administering a treatment, (harmful or otherwise), **without consent** of all affected parties is **unlawful and unethical.**
8. I am aware and understand that **‘vaccinations / tests’ do on occasion cause harm, injury, and disease** including the disease they are intended to prevent.
9. I am aware and understand that there are particular dangers and hazards of **combining more than one ‘vaccination or test in one or sequential administrations** and some of those hazards and dangers are not well understood and **have not been fully researched, tested or proven ‘safe or effective’.**

10. I understand that individuals have different physiologies and that a **‘vaccination / test’ that may be ‘harmless to one individual’ may be quite ‘harmful to another individual’**.
11. I am aware and understand that **prior to administration of any ‘vaccination / test’- ‘administrators’ of ‘vaccinations / tests’ must and shall disclose** to all interested parties all known and presumed risks, hazards, harm and failures of ‘vaccinations / tests’ and all contents of the proposed ‘vaccinations / tests’ including all trace chemicals, adjuvants, components and contaminants whether or not administrators consider those elements to be of consequence so that the recipients of ‘vaccinations / tests’ can **make fully informed decisions** with regard to accepting the ‘vaccination / test’.
12. I am aware and understand that **administration of vaccinations / tests’ without full disclosure and full voluntary consent** of all interested parties and imposing risk and hazard in that way represents **criminal violation, malpractice, and major liability** of the ‘administrators’ of the ‘vaccination / test’ to the ‘vaccinated / tested’ party/ies should any negative consequences arise.
13. I am aware and understand that **any person who attempts to enforce a “mandate” in forcing or coercing vaccination, test or any other medical treatment upon 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/or negative consequences of the ‘vaccination / test’ upon the ‘vaccinated / tested’ party and all other interested parties. That liability extends to all administrators of that “mandate”; all legislators who were involved in the creation of that “mandate”; 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 / test’, I am assuming all liability, obligation and responsibility for any and all negative and/or unintended consequences of the administration of the ‘vaccine / test’ and that I must “make whole” the recipients of the ‘vaccine / test’ their guardians, families and community for any and all financial and personal harm, damage and losses caused by the ‘vaccine / test’ and any and all harm that may be reasonably attributed to the ‘vaccine / test’. I understand that this is necessary because **laws do not adequately protect ‘vaccine / test’ recipients and, in fact, put the public at risk of uninsured harm from ‘vaccines / tests’.**

15. I am aware and understand that I must disclose all risks of ‘vaccination / test’ prior to administration of the ‘vaccine / test’ and, because ‘vaccinations / tests’ do pose risks, I must allow the recipients, guardians and families to refuse the ‘vaccination / test’ 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 / tests’ I administer.
16. If a person suffers any disease or injury at any time **after** ‘vaccination / test’ and **not before** ‘vaccination / test’, and that disease or injury cannot be affirmatively attributed to any particular cause other than the ‘vaccination / test’ then **I agree** that it is reasonable to presume that the injury or disease was or may have been caused by the ‘vaccination / test’, and **I will so presume and accept** that theory in the absence of compelling evidence to the contrary.
17. If the ‘vaccine / test’ recipients, guardians, family members and interested parties of the ‘vaccinated / tested’ party should, after the ‘vaccination / test’ **submit claims for harm, loss, damages, injuries or disease** that they reasonably suspect to be **caused fully or partially by the ‘vaccination / test’** - then the **claims must and shall be paid and delivered by the ‘administrators’ of the vaccination / test’** to the claimant/s without challenge **within 30 days** from submission of each claim, and any challenge to the claim/s must be made through **formal written process** and/or non-binding arbitration. 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 / tests’ are **responsible for any emotional distress** caused by their ‘vaccinations / tests’, and are **liable for compensation** for such emotional distress caused to the victim/s.
19. ‘Administrators’ of ‘vaccinations / tests’ hereby **agree** that they will allow and facilitate recording, videotaping, documentation and investigation of all services, processes and facilities associated with the administration of the ‘vaccine / test’, and that ‘administrators’ of ‘vaccinations / tests’ will not refuse or obstruct that information gathering for any reasons such as “privacy,” “security”, or “proprietary”.
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 / tested’ party and others and to avoid responsibility for potential harm that may be caused by vaccination / test, and I am aware and understand that **failure or refusal of signature of this agreement** by ‘any administrator’ of ‘vaccines / tests’ is cause for **rightful refusal of the ‘vaccination / test’** by the intended ‘vaccination / test’ recipient with law, code, regulations, contracts and “mandates” notwithstanding.

21. **Any threat of consequence for refusal of ‘vaccinations / tests’** such as removal from school, quarantine, “child endangerment,” criminal prosecution, “civil penalty” etc. **is coercion, is offensive, inappropriate, unlawful, and/or violates Parental Rights.** There is no valid law that would rightfully grant authority over any individual to determine medical treatment for any other party who is in possession of his or her faculties. Refusal of ‘vaccination / test’ does not in any way imply poor judgment, diminished capacities, or social irresponsibility because there are extensive public records showing harm, injury and death caused by ‘vaccines / tests’.
22. I am / am not (circle one) **claiming that I personally have the right and authority to force medical treatment upon the party (above) whom I intend for ‘vaccination / test’ without his/her consent.** If I claim that authority, then I will provide all legal and official reference that bestows that authority upon me specifically against the intended recipient of the ‘vaccination / test’. I understand that **I must provide evidence of authority** to the satisfaction of all interested parties before the person intended for ‘vaccination / test’ may be ‘vaccinated or tested’ because the interested parties presume that no such authority exists nor can exist, and, in many cases, the harm caused by ‘vaccinations or tests’ cannot be reversed.
23. I understand and agree that the **person intended for ‘vaccination / test’ is not responsible to gather signatures on this form.** The parties intending to administer the ‘vaccination / test’ must acquire and share this form, sign it, and deliver it to any party intended for ‘vaccination / test’ upon request. At such time as the **duly signed forms are delivered** to the person intended for ‘vaccination / test’ - those agreement forms will be ‘signed’ by the person intended for ‘vaccination / test’ or by his/her guardian, and one copy will be returned to ‘each administrator’ of the ‘vaccination / test’. **If one of the requested ‘administrators’ above ‘fails to sign and return the form’, all agreements are void and ‘vaccination / test’ is rightfully refused.**
24. **Refusal to sign this form is indication of deceit, bad faith and hypocrisy on the part of a ‘vaccine / test’ Administrator** who may recommend ‘vaccination / test’ as “safe”, but, at the same time, deny responsibility for the hazards. **If ‘vaccinations / tests’ are “safe” then refusal or hesitation to ‘sign this form’ is firm indication of misrepresentation with the assertion of “safety”.**

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

I agree that refusal to ‘sign’ this form constitutes admission and warning to the prospective recipient of the ‘vaccination or test’ that the ‘vaccination or test’ may cause harm and should be avoided in order to protect the health and safety of those receiving treatment.

Refusal by any ‘administrator’ of a ‘vaccine or test’ to ‘SIGN’ this form is grounds for the intended recipient of the ‘vaccine / test’ or his or her guardians to **refuse the ‘vaccination or test’** pending the necessary safeguards and insurance provided by the responsible party/ies.

This agreement is separate and distinct from any benefit/s, or “necessities” that may be attributed to ‘vaccinations or tests’ and ‘vaccination / test’ programs. **The public may only be protected when to do so does not violate the Rights of an individual.**

Any ‘vaccine / test’ that is not fully tested and shown - by rigorous testing, trials, certifications, and general administration to be free of risk, and which is accepted as such ‘*unanimously*’ by the scientific and medical communities, or which is not being administered and “mandated” by a licensed physician to ‘**a consenting patient**’ may not be administered lawfully or without major liability and penalty for administering ‘medicine without a license’ and/or without the consent of the patient. **Non-consensual medication ‘violates’ the medical codes of ethics, and a number of international treaties and laws.**

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NOTICE

A **separate agreement** must be **‘SIGNED’** for each individual intended to be ‘vaccinated / tested’ and for ‘each separate vaccine / test’, even if separate ‘vaccines / tests’ are “combined” in one treatment.

By 'SIGNING' this form, **I agree to accept full liability and be personally responsible** for all harm, hazard, damage and loss caused by the 'vaccine / test' and 'vaccination / test' that I am administering, and **I hereby waive all immunities granted by any legal instrument or process.**

I understand that the intended ‘vaccine / test’ recipient accepts the ‘vaccination / test’ on the condition
that it is **proven ‘safe and effective’** to all reasonable expectation, and **insurance is provided at my**
expense to cover all possible future claims of damage.

STATE ALL INGREDIENTS, ADJUVANTS AND CONTAMINANTS IN THE ‘VACCINE or TEST’ (PROVIDE ADDITIONAL SHEETS IF NECESSARY, PLEASE SPECIFY PERCENT OR QUANTITY):

[illegible]

***SIGNATURES, IDENTIFICATION AND CONTACTS of responsible parties
(‘vaccine or test’ administrators):**

1. Authorized Officer of ‘Vaccine or Test’ Manufacturer,

Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Date: _____

SIGNATURE _____

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2. Authorized Officer of the Organization Administering ‘Vaccinations or Tests’,

Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Date: _____

SIGNATURE _____

3. Authorized Officer of the Organization Administering ‘Vaccinations or Tests’.

Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Date: _____

SIGNATURE _____

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4. Individual Administering the ‘Vaccinations or Tests’ to the Recipients (Nurse, Healthcare Provider or Other).

Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Date: _____

SIGNATURE _____

5. Elected officials, bureaucrats and enforcement personnel (such as the Health Secretary, Local MP, Local Mayor) supporting “mandate” of ‘medical treatment and/or vaccinations / tests’ (attach additional sheets as necessary):

Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Date: _____

SIGNATURE _____

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6. Authorized Officer responsible for distributing the ‘Vaccinations or Tests’ to healthcare facilities and providers:

Name: _____

Print Name: _____

Direct Contact information: _____

Date: _____

SIGNATURE _____

When the **party intended for ‘vaccination / test’** is able to confirm and assure the safety and effectiveness of the ‘offered’ vaccination / test receives -

- (a). insurance or bonding for all possible harm and damage;
- (b). a complete list of all ingredients, adjuvants and contaminants of the ‘vaccination / test’;
- (c). full identification and contacts of all responsible parties (above),

the party intended for the ‘vaccination / test’ will determine whether it is appropriate, prudent, safe or necessary to provide consent to be ‘vaccinated / tested’.

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IF THE AGREEMENT ABOVE IS NOT SIGNED, the administrator offering or “mandating” a ‘vaccine / test’ is required to **‘SIGN’** the following statement exclusive of all statements above:

I ‘decline to sign’ the above agreement because I am unwilling to accept personal liability for the harm, damage and/or loss that my ‘vaccine or test’ may cause.

Print Name _____

Title _____

Address _____

Phone contact _____

Driver's License Number _____

Date: _____

SIGNATURE _____