

**- AGREEMENT BETWEEN VACCINE PROVIDERS AND VACCINATED PARTY -
- NOTICES -**

Herein the terms “administration” and “administrators” 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 bringing vaccines to application or to market in any way.

This is agreement between the parties identified herein who on one hand, will receive vaccinations or be affected by the consequences of vaccination including the vaccinated party/s their guardians, representatives and all persons of common interests and, on the other hand, the administrators and providers of the vaccine/s in all the various capacities. All of those parties are identified herein as:

Individual intended for Vaccination: _____

Circle one: Adult Minor

Parents' or Guardian's Names and/or Head of Household: _____

Children's names (all family members): _____

Address: _____

Phone: _____

Other contacts if available: _____

and Vaccine Administrators (below)

Authorized Officer of Vaccine Manufacturer, Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Authorized Officer of the Organization Administering Vaccinations, Name:

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Authorized and Accountable Officer of any "mandating" government agency, Name:

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

Individual Administering the Vaccination to the Vaccine Recipients (Nurse, Healthcare Provider or

Other, Name: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

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

1. I am aware and understand that vaccines are not a perfect or fully proven method of disease control.

2. I am aware and understand that vaccines are not 100% effective.
3. I am aware and understand that vaccines can cause injury and disease which seriously and negatively affects the lives of vaccinated individuals, their families and their communities.
4. I am aware and understand that vaccines, 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.
5. I am aware and understand that vaccines cause risk which is the sole responsibility of the administrators and providers of the vaccine.
6. 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.
7. I am aware and understand that vaccinations do, on occasion, cause harm, injury and disease including the disease they are intended to prevent.
8. I am aware and understand that there are particular dangers and hazards of combining more than one vaccination in one or sequential administrations and some of those hazards and dangers are not well understood and have not been fully researched.
9. 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.
10. I am aware and understand that, prior to administration of any vaccination, administrators of vaccinations must and shall disclose to all interested parties all known and presumed risks, hazards, harm and failures of vaccinations and all contents of the proposed vaccination/s 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 vaccination.
11. I am aware and understand that administration of vaccinations 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 to the vaccinated party/s should any negative consequences arise.
12. I am aware and understand that any person who attempts to enforce a “mandate” in forcing or coercing vaccination 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, negative consequences of the vaccination upon the vaccinated 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” 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”.

13. 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.
14. I am aware and 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.
15. 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.
16. 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.
17. 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.
18. 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”.
19. 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.

20. 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.
21. 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.
22. I understand and agree that the person intended for vaccination is not responsible to gather 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.
23. Refusal to sign this form is indication 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 rightful and refusal must be presumed and honored. 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 constitutes admission and warning to the prospective recipient of vaccination that vaccination may cause harm and should be avoided in order to protect the health and safety of those receiving treatment. This is separate and distinct from any benefit/s or “necessities” that may be attributed to vaccinations and vaccination programs.

NOTICE: A separate agreement must be signed for each individual intended to be vaccinated.

SIGNATURES OF THE AGREEING PARTIES

Individual intended to be Vaccinated: _____

Print name: _____

Date: _____

Parents' or Guardian's Names and/or Head of Household (if different from above):

Print name: _____

Date: _____

Authorized Officer of Vaccine Manufacturer:

Print name: _____

Date: _____

Individual Administering the Vaccination to the Vaccine Recipients (Nurse, Healthcare Provider or

Other), Name: _____

Print name: _____

Date: _____

Authorized Officer of the Organization Administering Vaccinations:

Print name: _____

Date: _____

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

Print name: _____

Date: _____

Authorized and Accountable Officer of any “mandating” government agency:

Print name: _____

Date: _____

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

Print name: _____

Date: _____