

When Recorded Return to:

**CONDITIONAL ACCEPTANCE OF TESTING & VACCINATION
AGREEMENT BETWEEN VACCINE PROVIDERS AND VACCINATED**

Registered Certified Mail No. _____

Definitions:

Herein the terms “vaccine providers” refers to all parties and administrators either providing or through coercion or mandate any named vaccine services and products including their policy makers in the public and or private sector to include all businesses and all government agencies, trusts, charities, and all legal entities. Vaccine refers to any medical intervention either through test regime or bio chemical intervention or bio technical device to include bio weapons testing.

This 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. Those parties shall be identified at the end of this document.

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: _____

Name of vaccine product code to be provided _____

As Vaccine provider of this vaccine I hereby agree to and with the following representations, stipulations, terms, declarations and positions:

1. I am aware and understand that recent vaccines have not been fully tested and are experimental in breach of the Nuremberg code and are not a perfect or fully proven method of disease control. I also accept that vaccines can cause death or injury and disease which seriously and negatively affects the lives of vaccinated individuals, their families and their communities and as administrator accept all liability personally as well as and on behalf of the organisation and persons who direct me as vaccine providers.
2. I am aware and understand that there are particular dangers and hazards of combining vaccinations with other medications 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 of which I accept liability on any and all detrimental health effects to the vaccinated.
3. 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, adjuvants, components and contaminants 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.

4. I understand that, as an administrator or provider of any 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. I understand that this is necessary because laws to not adequately protect vaccine recipients and, in fact, put the public at risk of uninsured harm from vaccines.

5. 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 and accept that it is reasonable to presume that the injury or disease was caused by the vaccination and I will so presume and accept that theory in the absence of compelling evidence to the contrary.

6. I also accept that any threat of consequence for refusal of vaccination/s, such as removal from school, quarantine, “child endangerment,” criminal prosecution, “civil penalty” loss of work etc. is coercion, is offensive, inappropriate, unlawful and/or violates parental and human rights. Refusal of vaccination 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.

7. Refusal to sign this form is indication of deceit, bad faith and an admission that the vaccine is to cause assault and medical battery on the part of a vaccine administrator who may recommend vaccination as “safe”, but, at the same time, deny any responsibility for the harm caused to the recipient. If vaccinations 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 administrators listed above, then refusal of vaccine is forthwith, rightful 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, medical battery, 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 and liabilities arise from non-consensual vaccination whether or not the vaccination causes physical injury, disease or other damage.

By signing this form I declare under penalty of perjury that I agree to accept full liability and be professionally and personally responsible for all harm, hazard and damage and loss caused by the vaccine and vaccination which I am administering. I also agree that as vaccination provider that any Vaccination injury will be compensated £5,000,000 Five Million Pounds per Vaccine administered to be paid by bank transfer 30 days after injury is reported and established by medical opinion to the vaccination provider in the event that payment is not made by 30 days then I accept that any and all assets can be ceased including my personal holdings after the 30 days term given..

Signatures, identification and contacts for responsible parties of vaccination providers:

1. Authorized Officer of Vaccine provider: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

SIGNATURE _____

Signatures, identification and contacts for responsible parties of vaccination providers:

2. Authorized Officer of Vaccine provider: _____

Title: _____

Address: _____

Phone: _____

Driver's license number: _____

Alternate contacts and identification: _____

SIGNATURE _____