

Liability Undertaking Form

Informed Consent Confirmation



I, _____ have satisfied my legal and ethical obligations in providing informed consent to _____ ; for the Emergency Authorization Use of the vaccine. To avoid future liabilities, I have educated myself and communicated ALL requisite information to the vaccine recipient (test subject), before obtaining his or her verification of their full, clear, accurate and complete understanding of the information and knowledge I shared with them. I follow these guidelines and process to ensure that individual vaccine recipients who may, for example, only want to protect their employment or who may have been misinformed about the efficacy and possible side effects of the vaccine are aware of the nature and risks of participation in a medical experiment.

I recognize that if I fail to engage with each test subject in an ethical manner prior to the administration of the inoculation, I am falling below professional standards of conduct to the degree of being considered misconduct resulting in legal and financial claims against me, as well as personal liability which may or may not be covered under my own personal insurance coverage.

I acknowledge that any individual violating the laws and professional guidelines for Informed Consent including [The Belmont Report](#), [The Universal Declaration on Bioethics and Human Rights](#), [The Nuremberg Code](#), [The Helsinki Declaration](#) may be held personally liable for resulting harm and/or death.

I am ethically and legally obliged to verify the following:

- ▶ Participants know they are to be test subjects in research in which they will be receiving an experimental injection and are aware of ALL potential risks/benefits
- ▶ Participants are aware that their participation is voluntary and that they may refuse to participate or change their mind about participation at any time without sanctions
- ▶ Participants are aware that there are treatment alternatives to the injections
- ▶ Participants are advised that they may experience adverse reactions in the near term, mid-term and longer term, the odds of which are still unknown but may be found in part under Adverse Effect Following Immunization (AEFI)
- ▶ Participants are aware that COVID injections are causing life threatening injuries and death
- ▶ Manufacturers are NOT legally liable for injury or death
- ▶ Manufacturers of the products have obtained liability disclaimers.

The Duty of Disclosure for informed consent is rooted in an individual’s right to bodily integrity and respect for patient autonomy. In other words, a patient has the right to understand the consequences of medical treatment regardless of whether those consequences are deemed improbable and have determined that although medical opinion can be divided as to the level of disclosure required the standard is simple, “A Reasonable Person Would Want to Know the Serious Risks, Even if Remote”.

I have conducted this consultation in accordance with the ethical and legal standards for Informed Consent.

Time:
Patient/Agent:
Dr/Administrator’s signature: