

Liability declaration

I hereby confirm that I am the vaccinee

First name surname

.....

living in

.....

Born on the

.....

the following vaccination today

(Name of vaccine)

.....

administered.

At the time of vaccination, the person named above is healthy, from what I have convinced myself through an investigation.

I hereby take over

First name surname

.....

personally unlimited liability for everyone through the vaccination caused short or long term, physical or psychological Damage.

I agree to any necessary compensation without involvement of a court too.

The compensation also includes costs caused by a possible Incapacity for work or the death of the vaccinated person.

place

.....

Date, signature

.....