

Notice

Conditional acceptance for Covid 19 testing, wearing a mask and travelling freely

Notice to Principal is Notice to Agent Notice to Agent is Notice to Principal

This document is lawful and not negotiable. Once you have taken it from me, it is taken you have been served, have possession and have read it in its entirety.

You then have two choices. You either agree and sign it, accepting my terms, or return it to me, unsigned/declined, at which time it will be taken that you agree that you no longer wish to contract with me.

If necessary, this document will be used as evidence against you in a lawfully convened court of law.

In the event of proceeding with any of the following, against the will of the members of this household, or this private automobile, or while travelling by air, I require you to provide the following foundation evidence. Until I have your agreement in writing, I do not consent, and my consent cannot be implied, assumed or presumed.

Covid-19 testing
Wearing a face mask
Detention/detainment

Please provide the following foundation evidence:

1. Provide evidence for the existence of the "COVID-19" "virus". To date, not one scientist, nor any one individual, nor any organisation or government has isolated and identified an infection-causing "virus" despite the offer of substantial rewards.
2. Provide evidence that the risk of "COVID-19" is separate and more serious than the seasonal flu. To date, it has not been suggested that we need to be tested for seasonal flu, nor has it ever been deemed necessary. Numerous studies now show that the risk of dying from "COVID-19" is less than 0.2%. That is less than seasonal flu.
3. Autopsy reports of all deaths classified as due to "COVID-19". What we are seeing are substitution deaths, without coroner certificates.
4. Provide evidence that the statistics on "COVID-19" deaths are accurate.
5. Provide evidence that the "COVID-19" test kits are accurate, and do not just record the presence of a broad-based genetic substance.
6. Please provide evidence, verbal or written, to verify that you have read and understand the Nuremberg code and its implications.
7. Provide evidence that wearing a mask will not reduce my oxygen consumption or increase my risk of carbon dioxide poisoning.
8. Provide evidence that wearing a mask will not increase my risk of lung infections.
9. Please verify:

You accept full responsibility for any inaccurate detail or false information that you provide, whether known or unknown at the time of sought consent.

Any damage or health issues suffered by me from wearing a mask, short term or long-term will render you liable in your private individual capacity.

In addition, if you provide false information, knowingly or unknowingly, you agree to pay a significant penalty fee as determined by me, the living wo/man for providing misleading information.

Failure to provide all the foundation evidence is taken as tacit agreement that you and/or your organisation do not have such evidence.

Without proof of claim, you cannot lawfully insist I wear a mask, undertake "COVID-19" medical test procedure nor threaten the loss of my work, nor withhold any essential medical treatment, nor lawfully restrict my travel.

10. Schedule of Fees: for performance.

Upon supplying the aforementioned evidence as requested, and your agreement to the terms of this agreement, I will supply a sample, and/or perform as requested, for the certain sum of \$50,000 per act requested.

11. One of my unalienable rights is the right to travel freely.

Agreement

As administrator of this “COVID-19” medical test procedure, I, the undersigned hereby agree to and with the following representations, stipulations, terms, declarations and positions:

- a). I understand that the “COVID-19” medical test procedure results can be flawed and produce false positive results causing stress, trauma, unnecessary and unlawful detention and loss of income to the victims.
- b). I understand that there is no legal or scientific basis for the methodology of these tests.
- c). I understand that, by proceeding to attempt testing against the will of those mentioned above, my actions will be considered trespass, assault with intent to harm, and conducted under threats of malice and duress by the recipient.
- d). I am aware that the “COVID-19” medical testing apparatus could potentially be used as a means of collecting a wo/man’s personal Deoxyribo Nucleic Acid without her/his expressed consent.
- e). I understand that by proceeding with the “COVID-19” medical test procedure I will be forcing the relinquishment of deoxyribonucleic acid (DNA) against the will of those mentioned above. This will be considered theft.
- f). I understand I will be held personally responsible and will be professionally and personally prosecuted to complete the process of liability for:
 - Theft of deoxyribonucleic acid (DNA)
 - Stress caused
 - Trauma caused
 - Injury caused
 - Unlawful detention

2: Schedule of Fees:

- \$10,000 for theft of deoxyribonucleic acid (DNA) caused as a result of testing under duress
- \$1000 for any stress caused as a result of testing forced under duress.
- \$10,000 for any trauma caused as a result of testing forced under duress.
- \$50,000 for any injury caused as a result of testing forced under duress.
- \$10,000,000 death caused as a result of testing forced under duress, payable to my heirs.
- \$10,000 per day of unlawful detention forced under duress.

• I am aware and understand that there is a potential for injury from this invasive medical procedure which should only be conducted by a registered medical professional who has received formalised accredited education in specimen collection procedures, specific to the detection of COVID-19 after receiving full disclosure and lawful consent.

• I am aware and understand that the “COVID-19” medical testing apparatus could potentially be used as a delivery device of and for toxic, or biological agents.

• 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, unethical and constitutes a war crime.

Failure to provide all the foundation evidence as requested is tacit agreement that I and my organisation do not have such evidence. Without proof of claim, I agree that I cannot lawfully insist anyone wear a mask, undertake a “COVID-19” medical test procedure nor threaten the loss of anyone’s work, nor withhold any essential medical treatment, nor lawfully restrict anyone of their unalienable right to travel freely.

I, the undersigned, accept full responsibility for any inaccurate detail or false information provided herein, whether known or unknown at the time of the agreement. Any damage caused by enforced mask usage will be my responsibility and my employer’s responsibility. I understand I will be held liable in both my personal and private capacity.

In addition, even if damage is not present and false information is provided, I agree to pay a penalty fee as determined by the individual suffering the restriction of Human Rights.

I have read and understand this entire notice. I have provided all the requested information in a paper format.

Employee name in full:

Employee I.D number:

Employee Address:

Employee Government issued I.D (Drivers Licence):

Employee Autograph: Date: ,,.....

Managers name in full:

Managers I.D number:

Managers Address:

Manager Government issued I.D (Drivers Licence):

Managers Autograph:

Witness signature: Date:

Witness Address:

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Witness signature: Date:

Witness Address:

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