

Notice

Conditional acceptance: Covid-19 testing

This document is lawful. Once you have taken it from me, you must read it. You then have two choices. You either agree and sign it or return it to me, unsigned, having accepted my terms. This document may be used as evidence against you in a lawfully convened court of law.

If you believe that Covid-19 testing is essential for public health I require you to provide the following foundation evidence **before** you have my consent. Until I have your agreement in writing, I do not consent, and my consent cannot be assumed or presumed.

Please provide the following foundation evidence:

1. Provide evidence of the existence of the Covid-19 virus. To date, no one individual, nor any government has isolated an infection causing virus despite the offer of very substantial rewards.
2. Provide evidence that the risk of Covid-19 is 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. What we are seeing are substitution deaths, without coroner certificates.
3. Provide evidence that the test is accurate and produces reliable results, that is, it produces no false positives or negatives. The Inventor of the PCR test, Nobel Prize winner Kary Mullins, confirms that the test cannot be used to diagnose viruses. Therefore, can you verify this is a different test and that it can be used to identify the specific COVID-19 strain of virus? The 'test' must produce reliable and reproducible results.
4. Provide evidence that the test kits have not been contaminated. [Many have been shown to be]
5. Provide evidence that the test kits do not contain a vaccine dose. This is the method used to dose farm animals. I do not consent to receive a vaccine, be that experimental or at any other stage of development, nor a vaccine approved and licensed for use, due to ingredient, toxicity, safety, and efficacy concerns. It is unproven that vaccine benefits outweigh the risks.
6. Provide evidence that the test kits do not contain pathogens, nor other carcinogenic materials.
7. Provide evidence that the test kits do not produce any kind of physical or physiological reaction.
8. I require the following information for the test: origin, manufacturer, and patient information leaflet.
9. Please verify that you have read and understand the Nuremburg code and its implications.
10. Please verify that 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 caused by such Covid-19 test will render you liable in your private individual capacity. In addition, even if test

damage does not result, but false information is knowingly or unknowingly provided, you agree to pay a significant penalty fee as determined by me, the living wo/man for providing misleading information.

11. Please also verify that my data will not be shared. This would be unlawful.

Failure to provide **all** the foundation evidence is your tacit agreement that you and your organisation do not have such evidence. Without proof of claim, you cannot lawfully insist on testing, nor can you criminally coerce me into having a Covid-19 or any similar such false test, nor threaten the loss of my work, nor withhold any essential medical treatment, nor lawfully restrict my travel. One of my unalienable rights is the right to travel freely.

This form will be retained as evidence for use in a lawfully convened court.

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 such test will be my and my Employer's full responsibility. I understand I will be held liable in my private individual 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 receiving this test.

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:
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Employee Government issued I.D (Drivers Licence):
Employee Autograph/signature: Date:

Managers name in full:
Managers I.D number:
Managers Address:
.....

Manager Government issued I.D (Drivers Licence):
Manager Autograph/signature: Date:

Witness signature: Date:
Witness Address:
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Witness signature: Date:
Witness Address:
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