Notice of Liability to committing Malfeasance

**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 that 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.**

I, …………………………………………, employee of ………………………………………………

Name of manager/staff/individual                                        business entity

located at……………………………………………………………in town ……………………………………………. In the state of …………………………….

Indemnity insurance number …………………………………………………….

I am putting you on notice, I do not consent to any procedure to be conducted on my body with lack of sufficient information, evidence and knowledge of the complete efficacy and all adverse events related to them. This does not meet the requirement of full disclosure and is a crime of battery. You are breaching your ‘duty of care’ for me as your ……….. (client, student, etc) and this is a crime of Malfeasance, which you are personally liable for.

Can you confirm that your choice to enforce ….......................*(Mandatory masks, PCR tests, vaccines, excessive force, battery, assult, lockdowns, quarantining, isolation etc)* has been thoroughly researched by yourself? Can you confirm with 100% confidence that there will be NO adverse events on my or my family’s health, finances or mental wellbeing? Note that falsely reporting incorrect data can lead up to ten years of imprisonment.

Have you heard the phrase **inalienable rights**? Every human being is born with these rights according to The Universal Declaration of Human Rights. Here is a link to help you research this -https://www.un.org/en/universal-declaration-human-rights/

There is now undeniable proof that adverse events from these types of measures are common. You have a duty of care to me and my family to know the facts and act accordingly. In your position, you either KNOW the facts or you are not lawfully fit for providing/prescribing such procedures. Saying you ‘don’t know’ is not a plausible defence for you in your position. It is your duty.

If I, or my family, experience adverse events on our health, finances or mental wellbeing, we will hold you PERSONALLY liable for crimes of Malfeasance.

Without malice, vexation, argument or merriment, thank you for your time.

Date…………………………..

Email address/phone number or address………………………….

Signature……………………………….