A Notice of Liability delivers a powerful message to those advertently or inadvertently causing harm or trespass, and that by doing so, will result in them being held individually liable.

Silence is considered consent (Tacit Agreement), therefore you must notify those causing harm, and allowing them the opportunity to cure the situation. If they do not respond and continue to cause harm or trespass, you have remedy in the form of a Maritime Commercial Lien – also known as a Notice of Liability.

The Witness Statement, in the form of an Affidavit is considered to be one of the most powerful documents in law because it is witnessed and autographed by living breathing men or women, who are the only authority on Earth. Corporations (Corpse), dead entities, legal FICTIONS which are nothing but pieces of paper with no lawful standing whatsoever.

Print the 2 pages below and have them filled in, signed and dated.

This is to notify you that I do not consent or agree to wear any kind of face mask having carried out my own research. There is scientific evidence to show masks do more damage than they are alleged to prevent. Owing to your forceful actions I will consent, under duress, to either wear a mask as directed, comply with social distancing or participate in a lockdown on the strict conditions that you provide the following:

1. Proof that use of such masks, social distancing or lockdown can prevent the inhalation of substances or micro-organisms at the scale of "viruses".

2. Proof that prolonged use of such a mask will NOT cause Hypercaphia, Hypercarbia or Respiratory Acidosis in the wearer.

3. A signed and witnessed statement from you, accepting full responsibility and full commercial liability should I be subsequently diagnosed with Hypercapnia, Hypercarbia or suffer an Asthmatic attack or any other respiratory or physical and mental health distress resulting from prolonged mask wearing, social distancing lockdown or being two metres apart.

4. A complete list of your medical qualifications.

Please use the space below to provide the requested proofs of claim and sign and date it in the appropriate boxes to accept full responsibility and full commercial liability. Failure to do so will be deemed to mean no such proof exists and that you are not medically qualified to make a determination of the effects of prolonged mask use, social distancing in lockdown or being two metres apart from others and/or you are not confident enough to take financial responsibility for my safety as a result of your mask social distancing or lockdown enforcement actions.

Please provide the requested proof and medical qualifications here:

I,as the person acting as a Government official, enforcing the wearing of masks according to parliamentary preference, am fully aware that prolonged use of surgical and nonsurgical masks reduces the levels of Oxygen that reach the wearer and increases the dangerous levels of Carbon Dioxide and toxins that are expelled via the breath. I am also aware that prolonged mask use increases the risk of Hypercapnia, Hypercarbia, Asthma and other forms of respiratory distress

I therefore accept full responsibility and full commercial liability should the bearer experience, or be subsequently diagnosed with, any of the above conditions as a result of prolonged mask use social distancing or lockdown.

Signed in the presence of three witnesses:

Dr/Mr/Ms Signature
Address
Date
Witness Signature
Address
Date
Witness Signature
Address
Date
Witness Signature
Address
Date