

LEGAL NOTICE OF LIABILITY

Be informed that I am **EXEMPT** from ALL REGULATION mandating face mask (RPD) usage in public. Based on medical criteria supported by verifiable testing and data, wearing a face mask poses a risk to my health, hygiene and mental well-being.

A standard face mask is not a micron filter and cannot inhibit or prevent bacteria or viruses.

Under the ADA (Americans with Disabilities Act, September 15, 2020) and HIPAA (Privacy Rule, 45 CFR Part 160 and subparts A & E of Part 164, March 26, 2013), I am NOT required to disclose my medical condition as covered in these confidentiality clauses.

Department of Justice ADA Violation Information Line: 1-800-514-0301

In accordance with the ADA, organizations, businesses or individuals can be held liable for any inquiry, inconvenience, loss of income, death or psychological distress pending legal proceedings citing consequential determinantal acts, effects, events or developments. Violations to rights under the ADA are subject to a first offense fine of up to \$75,000 and \$150,000 for any subsequent violation.

Wearing a face mask is exceedingly hazardous, far greater than the threat of coronavirus.

Oral bacteria build-up within a mask result in toxicity affecting the gums, throat and lungs. Covering the nose and mouth forces CO2 recirculation, limiting the O2 intake, hypoxia (O2 deprivation) and hypercapnia (CO2 rebreathing) impairs bodily and mental functions and can cause discomfort, drowsiness, work rate reduction, dizziness, headache, psychataxia, fatigue, disorientation, speech impairment, exhaustion, muscular weakness or twitching, paranoia, hyperventilation, depression, panic attack, syncopal episode or irregular heartbeat.

A constant inhibited air flow and oral cleanliness = disease prevention.

In the event of a refusal to comply with this notice resulting in forced or coerced mask usage, the responsible party is required to sign this notice and accept **FULL LIABILITY** for any and all consequential physical or psychological health issues.

Name of Responsible Person: _____

Position of Responsible Person: _____

Signature of Responsible Person: _____

Date: _____

Name of Issuer of Notice: _____

Signature of Issuer of Notice: _____

Date: _____

ATTENTION GOVERNMENT AGENTS

PLEASE PROVIDE THE OBLIGATORY LAWFUL CONSIDERATION BY SUPPORTING THE BEARER WITH THE UNIMPEDED FULFILMENT OF THESE CONSTITUTIONALLY PROTECTED RIGHTS. THANK YOU FOR YOUR UNDERSTANDING.