**Notice of conditional acceptance and liability**

**Conditional acceptance for “Covid 19” testing, wearing a mask, vaccinations and travelling freely**

**Notice to the Agent is Notice to the Principal**

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**This is not private and confidential :covert:**

**This is public and transparent :overt:**

**This is a Self-Executing-Contract**

**Lawful-binding-contract**

**Non-Negotiable**

**all rights reserved**

**UCc §. 1-308**

Sole trader

Pay to the order of:

:John-Henry: of the house Smith
C/o. 4 Smith Road

Town known as Smith Heights,

The land known as Terra Australiais

[ New South Wales]

[military posting code: 2500]

**This document is lawful, not negotiable and legally binding; Once you have accepted this notice from me, it is deemed that you have been served, and are formally on notice, in possession of this notice and have read it in its entirety;**

**You then have two choices; You either agree and sign it, accepting all of the terms and liability, 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; forfeiting any and all contractual obligations, script, verbal, implied, tacit or otherwise and waving your rights to contract or attempt to force or coerce me to pay or perform in any way;**

**If necessary, this document can and will be used as evidence against you in a lawfully convened court of competent jurisdiction;**

In the event of proceeding with any of the following, against the will of the living man / woman issuing this notice and or any members of my/our family and or this household, or this private automobile, whilst travelling by air, road or on foot, I here now require you to provide the following foundational evidence; Until I have your agreement in writing, I do not and will not consent, agree or comply and my consent cannot be implied, assumed, presumed or manufactured;

“Covid-19” testing

Wearing a face mask

Detention/detainment against my will

Vaccinating and or Vaccinations

Please provide the following foundational 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 the infection-causing “virus” known as COVID-19 or isolated a version of the said virus transmitted from human to human, despite the offer of substantial rewards, and;’
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, and;
3. Re autopsy reports of all deaths classified as due to “COVID-19”. What we are seeing are substitution deaths, without coroner certificates and without co-morbidity statistics being included in cause of death, and;
4. Provide evidence that the statistics on “COVID-19” deaths are accurate, and;
5. Provide evidence that the “COVID-19” test kits are accurate, and do not just record the presence of a broad-based genetic substance, and;
6. Please provide evidence, verbal or written, to verify that you have read and understand the Nuremberg code and its internationally recognised implications, and;
7. Provide evidence that wearing a mask will not reduce my oxygen consumption and/or increase my risk of carbon dioxide poisoning, and;
8. Provide evidence that wearing a mask will not increase my risk of lung infections, and;
9. Please verify:

That you accept full responsibility and liability for any inaccurate detail, false or misleading information that you provide, whether known or unknown at the time of sought consent, and;

Any and all damage and or health issues, physical or otherwise, suffered by me from wearing a mask, testing, and or vaccinating, short term or long-term, or hereafter arising, will render you liable in your private and unlimited capacity, and;

In addition to the above: If you provide false information, knowingly or unknowingly, you here now agree to pay a significant penalty fee as determined by me, the living woman/man for providing false, inaccurate and or misleading information, and;

Failure to provide all the foundational evidence requested is taken as a tacit agreement that you and/or your organisation do not have such evidence, and;

Without proof of claim, you cannot lawfully insist I wear a mask, undertake “COVID-19” medical test procedure, vaccinate nor threaten the loss of my work, rights, freedoms or liberties, nor withhold any essential medical treatment, nor lawfully restrict my travel;

1. 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 sum certain of $50,000 AUD (fifty thousand dollars Australian) or the equivalent in troy ounces of gold per act requested;

**Agreement**

**As the administrator of this “COVID-19” medical test procedure, I, the undersigned here now agree to and with the following representations, stipulations, terms, declarations and positions in full and here now agree that full disclosure has been provided to me:**

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

Schedule of Fees:

* $10,000 for theft of deoxyribonucleic acid (DNA) caused as a result of testing under duress and or without consent;
* $1000 per hour for any stress caused as a result of any testing, vaccinating, forced or coerced mask wearing, or being detained against my will, forced or under duress;
* $10,000 for any trauma caused as a result of testing, vaccinating, forced or coerced mask wearing, or being detained against my will, forced or under duress;
* $50,000 for any harm, loss, damage or injury caused as a result of testing, vaccinating, forced or coerced mask wearing or being detained against my will, forced under duress;
* $10,000,000 for death caused as a result of testing or vaccinating, forced or under duress, payable to my heirs;
* $10,000 per day of unlawful detention against my will, forced or under duress;
* I am fully 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, including but not limited to: Vaccinations and or specimen collection procedures, specific to the detection of COVID-19 after receiving full disclosure and lawful consent;
* I am fully aware and understand that the “COVID-19” medical testing apparatus could potentially be used as a delivery device of and or for toxic, or biological agents;
* I am fully aware and understand that no one may be forced, coerced or compelled to accept or consent to 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 foundational evidence as requested is the 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, receive the COVID-19 Vaccine, 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 or impose upon the rights, freedoms and or liberties of anyone without proof of claim;

I, the undersigned, accept full responsibility and liability for any inaccurate detail, false or misleading information provided herein, whether known or unknown at the time of the agreement. Any harm, loss damage or injury, physical or otherwise caused by enforced mask usage, testing or vaccinating will be my responsibility and my employer’s responsibility. I understand both I and my employer will be held fully liable and responsible 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 infringement, depravation and or restriction of Rights, freedoms and or liberties;

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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|  | :John-Henry: of the House Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C/O P.O. Box 130Smithsville New South Wales[military posting code NSW 2000]johnhsmith@gmail.comBy:John-Henry: of the House SmithPrincipal, Executive Beneficiary and Authorised Representative for and of the copy right name and estate JOHN HENRY SMITH ens legis and all derivatives thereof the legal names  |

No assured value; No liability and all Errors & Omissions Excepted for value and

All Rights Reserved

WITHOUT–PREJUDICE–WITHOUT–RECOURSE–NON-ASSUMPSIT

End of Notification.