

## **“Vaccine” Notice of Liability: Those Administering to the Public**



<https://action4canada.com/wp-content/uploads/liability-notice-medical.pdf>

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### **How to Serve the Notice of Liability**

- Print two copies of the Notice of Liability.
- Fill in the name of the person you are serving it to in the space provided at the top of the first page - on both copies.
- Sign your name and fill in the date in the space provided on the last page - on both copies.
- Keep one copy of the Notice for your records.
- Give the second copy to the person you are serving it to. If they choose not to accept it, then leave it on the floor at their feet.
- If you are serving the Notice in person, be sure to video record yourself serving it (or audio record if video is not possible).
- **If sending by mail, you must use registered mail as that provides proof of delivery.**

**Keep all information (eg. Liability Notice copy, video, mailing proof etc.) in a safe place for future use.**

**NOTE: You do not need a lawyer to serve a Notice of Liability and you do not need consent, or the signature of the person you are serving it to.**

*Disclaimer: Action4Canada accepts no responsibility or liability for any harms or losses that occur as result of serving a notice of liability. If you do not agree to these terms, then please do not use this notice. We do not make any representations or warranties about the potential consequences of serving a Notice of Liability. This information is not intended as legal or health advice.*

**“Vaccine” Notice of Liability**  
**Those Administering to the Public (including Minors)**  
**Public Health Nurses/Physicians/Pharmacists/Firefighters, etc**

Attention: \_\_\_\_\_

Location: \_\_\_\_\_

Re: COVID-19 injections recommended or administered to adults, including minors (under 19 years of age).

This is your official and personal Notice of Liability.

You are unlawfully practicing medicine by prescribing, administering, recommending, facilitating, advertising, mandating, incentivising, coercing, extorting or intimidating citizens, including minors, to submit to ANY vaccine, including the experimental gene therapy injections for COVID-19 commonly referred to as a “vaccine” and any updated version of them due to them causing extreme, permanent adverse reactions and a high rate of death.

The public are at low risk, and minors are at nearly zero percent risk of contracting or transmitting this respiratory illness and in fact act as buffers which help others build their immune system. The overall survival rate of minors is 99.997%<sup>1</sup>.

Vaccination is voluntary in Canada<sup>2</sup>. According to the Public Health Agency of Canada, Canadian National Report on Immunization, 1996:

“Vaccines are not mandatory in Canada; and they cannot be made mandatory because of the Canadian Constitution.”

If the Federal Government had invoked the **Federal Emergencies Act for COVID-19**, which it has not, even that Emergencies Act states:

AND WHEREAS the Governor in Council, in taking such special temporary measures, would be subject to the Canadian Charter of Rights and Freedoms and the Canadian Bill of Rights and must have regard to the International Covenant on Civil and Political Rights, particularly with respect to those **fundamental rights that are not to be limited or abridged even in a national emergency**.

There are no provisions in any orders of any health minister, doctor, or provincial legislation, that can, nor pretend that any measures can, override Charter or other pre-Charter constitutional rights. All Statutes, Orders, By-laws, and Acts must be consistent with the Constitution...or they **are of no force or effect**.

Section 52(1) of **the Constitution Act**, 1982: The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect.

Under Section 7 of The Canadian Charter of Rights and Freedoms everyone has the right to **“security of the person”**.

“Everyone has the right to **life, liberty, and security** of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.”

**Whereas**

The emergency measures were based on the claim that we were experiencing a "public health emergency" despite there being no evidence to substantiate this claim. In fact, the emerging evidence continues to indicate that we are experiencing a rate of infection consistent with a normal influenza season<sup>3</sup>.

The purported increase in “cases” was a direct consequence of increased testing through the inappropriate use of the PCR instrument to diagnose so-called COVID-19. It has been well established that the PCR test was never designed or intended as a diagnostic tool and is not an acceptable instrument to measure this so-called pandemic. Its inventor, Kary

<sup>1</sup> <https://online.anyflip.com/inblw/ufbs/mobile/index.html?s=08%20> (pg. 9)

<sup>2</sup> [https://web.archive.org/web/20080414131846/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s4/23s4b\\_e.html](https://web.archive.org/web/20080414131846/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s4/23s4b_e.html)

<sup>3</sup> <https://www.bitchute.com/video/nQgq0BxXfZ4f>

Mullis, clearly indicated that the PCR testing device was never created to test for coronaviruses<sup>4</sup>. Mullis warned that, “the PCR Test can be used to find almost anything, in anybody. If you can amplify one single molecule, then you can find it because that molecule is nearly in every single person”. An international consortium of life-science scientists also detected 10 major scientific flaws at the molecular and methodological level in a 3-peer review of the RTPCR test to detect SARS-CoV-2<sup>5</sup>.

Despite this warning, the PCR test utilization, purposely set at higher amplifications, was and still is producing up to 97% false positives<sup>6</sup>. Therefore, any imposed emergency measures that are based on PCR testing are unwarranted, unscientific, and quite possibly fraudulent.

In November 2020, a Portuguese court ruled that PCR tests are unreliable<sup>7</sup>. On December 14, 2020, the WHO admitted the PCR Test has a ‘problem’ at high amplifications as it detects dead cells from old viruses, giving a false positive<sup>8</sup>. Feb 16, 2021, BC Health Officer Bonnie Henry, admitted PCR tests are unreliable<sup>9</sup>. On April 8, 2021, the Austrian court ruled the PCR was unsuited for COVID testing<sup>10</sup>. On April 8, 2021, a German Court ruled against PCR testing stating, “the test cannot provide any information on whether a person is infected with an active pathogen or not, because the test cannot distinguish between “dead” matter and living matter”<sup>11</sup>. On May 8, 2021, the Swedish Public Health Agency stopped PCR Testing for the same reason<sup>12</sup>. On May 10, 2021, Manitoba’s Chief Microbiologist and Laboratory Specialist, Dr. Jared Bullard testified under cross-examination in a trial before the court of the Queen's Bench in Manitoba, that PCR test results do not verify infectiousness and were never intended to be used to diagnose respiratory illnesses<sup>13</sup>.

As a workaround, the government then implemented/mandated Rapid Antigen Testing, which is classed as a medical treatment. In Canada, a doctrine of informed consent regarding any medical treatment has become part of Canadian Federal law. According to Supreme Court rulings, no Canadian citizen is required to take any medical treatment without informed consent, which includes the right to refuse such treatment<sup>14</sup>. Therefore, no one has the right to force a medical treatment on anyone, as that would be in violation of their right to bodily autonomy, the Privacy Act, and the Criminal Code if extortion (s.346) or intimidation (s.423) are used. The tests also pose a health hazard to humans and pets, and have a negative impact on the environment<sup>15</sup>.

The doctrine of informed consent also applies to the experimental “vaccines”. The Nuremberg Code<sup>16</sup>, to which Canada is a signatory, states that voluntary informed consent is essential before performing medical experiments on human beings. It also confirms that the person involved should have the legal capacity to give consent, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, to enable him/her to make an understanding and enlightened decision. This requires, before the acceptance of an affirmative decision by the experiment’s subject, that there should be made known to him/her the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his/her health or person which may possibly come from participation in the experiment.

Further, no Canadian law, contrary to misinformation spread by the WHO, allows for “implied consent.” The Mature Minor doctrine cannot override the wishes and consent of the parents outside of the emergency threat of imminent harm or death. Vaccinations do not fall under the Mature Minor doctrine<sup>17</sup>.

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<sup>4</sup> <https://rumble.com/vhu4rz-kary-mullis-inventor-of-the-pcr-test.html>

<sup>5</sup> <https://cormandrostrenreview.com/report/>

<sup>6</sup> <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

<sup>7</sup> <https://unitynewsnetwork.co.uk/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful-media-blackout/>

<sup>8</sup> <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem/>

<sup>9</sup> <https://rumble.com/vhww4d-bc-health-officer-admits-pcr-test-is-unreliable.html>

<sup>10</sup> <https://greatgameindia.com/austria-court-pcr-test/>

<sup>11</sup> <https://2020news.de/sensationsurteil-aus-weimar-keine-masken-kein-abstand-keine-tests-mehr-fuer-schueler/>

<sup>12</sup> <https://tapnewswire.com/2021/05/sweden-stops-pcr-tests-as-covid19-diagnosis/>

<sup>13</sup> <https://www.iccf.ca/Manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/>

<sup>14</sup> [https://bottomlineresearch.ca/pdf/informed\\_consent.pdf](https://bottomlineresearch.ca/pdf/informed_consent.pdf)

<sup>15</sup> <https://action4canada.com/wp-content/uploads/COVID-19-Rapid-Antigen-Tests.pdf>

<sup>16</sup> [https://media.tghn.org/medialibrary/2011/04/BMJ\\_No\\_7070\\_Volume\\_313\\_The\\_Nuremberg\\_Code.pdf](https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf)

<sup>17</sup> <https://www.bitchute.com/video/W5qSPiy1onXt/>

The treatments marketed as COVID-19 “vaccines”, were in Phase III clinical trials until 2023<sup>18</sup>, and hence a medical experiment. People taking these treatments were enrolled as test-subjects, and many were unaware that the injections are not actual vaccines as they do not contain a virus but instead an experimental gene therapy.

Vaccine development is generally a long, complex process, often lasting 10-15 years<sup>19</sup>. However, the COVID-19 injections were given to the public at the same time as the trial test subjects, hence there was no short or long-term safety data available and therefore fully informed consent was/is not possible.

Emergency Use Authorization of experimental vaccines can only occur if there are no existing safe and effective treatments available. However, treatments were available, such as ivermectin and hydroxychloroquine, but the government censored their efficacy and prohibited their use<sup>20 21</sup>. The emergency authorization of the COVID-19 injections was political chicanery, it was the only way they could get such a highly dubious experimental injection “approved”.

It is of critical importance to note, that no other coronavirus vaccine (i.e., MERS, SARS-1) **has ever been approved for market** due to antibody-dependent enhancement, which resulted in severe illness and death in the animal models<sup>22</sup> they were tested on.

At the onset, numerous doctors, scientists, and medical experts issued dire warnings about the short and long-term effects of COVID-19 injections on both adults and children, including but not limited to: death; vaccine-associated enhanced respiratory disease; blood clots; infertility; miscarriages; Bell’s Palsy; cancer; inflammatory conditions; autoimmune disease; early-onset dementia; convulsions; anaphylaxis; inflammation of the heart<sup>23</sup>; weakened immunity; and antibody-dependent enhancement leading to death. Time has proven those warnings to be accurate<sup>24</sup>.

Dr. Byram Bridle, a pro-vaccine Associate Professor of Viral Immunology at the University of Guelph, gave a terrifying warning of the harms of the experimental treatments in a peer reviewed scientifically published research study<sup>25</sup> on COVID-19 shots. The spike proteins, induced by the “vaccine”, get into the blood and circulate throughout the body. They then accumulate in tissues such as the spleen, bone marrow, liver, adrenal glands, testes, and the ovaries. Dr. Bridle notes that they “have known for a long time that the spike protein is a pathogenic protein, it is a toxin, and can cause damage if it gets into blood circulation”. In April 2022, it was revealed through the Pfizer FOI data release that they were fully aware and monitoring nine pages worth of adverse events during the time period 1 December 2020 through 28 February 2021<sup>26</sup>.

There is also a high concentration of the spike protein getting into breast milk, and subsequent reports of suckling infants developing bleeding disorders in the gastrointestinal tract. There are further warnings that this injection will render children infertile, and that people who have been vaccinated should NOT donate blood.

As reported to the Vaccine Adverse Events Reporting System (VAERS) in the United States, there were more deaths from the COVID-19 injections in the first five months of 2021 (Dec. 2020 – May 2021) than deaths recorded in the last 23 years from all vaccines combined<sup>27</sup>. It is further reported that only one percent of vaccine injuries are reported to VAERS<sup>28</sup>, and that is compounded by there being a several month’s delay in uploading the adverse events to the VAERS database.

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<sup>18</sup> <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

<sup>19</sup> <https://www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation>

<sup>20</sup> <https://www.washingtonexaminer.com/news/study-finds-84-fewer-hospitalizations-for-patients-treated-with-controversial-drug-hydroxychloroquine>

<sup>21</sup> <https://aethonews.com/2021/05/26/five-recently-published-randomized-controlled-trials-confirm-major-statistically-significant-benefits-of-ivermectin-against-covid-19/>

<sup>22</sup> <https://www.tandfonline.com/doi/full/10.1080/21645515.2016.1177688>

<sup>23</sup> <https://www.nbcconnecticut.com/news/coronavirus/connecticut-confirms-at-least-18-cases-of-apparent-heart-problems-in-young-peopleafter-covid-19-vaccination/2494534/>

<sup>24</sup> <https://childrenshealthdefense.org/defender/cdc-errors-kids-covid-vaccine-injuries-vaers/>

<sup>25</sup> <https://podcasts.apple.com/ca/podcast/new-peer-reviewed-study-on-covid-19-vaccines-suggests/id1318830191?i=1000523346577>

<sup>26</sup> <https://phmp.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

<sup>27</sup> <https://vaccineimpact.com/2021/cdc-death-toll-following-experimental-covid-injections-now-at-4863-more-than-23-previous-years-of-recorded-vaccine-deaths-according-to-vaers/>

<sup>28</sup> [https://www.lewrockwell.com/2019/10/no\\_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/](https://www.lewrockwell.com/2019/10/no_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/)

**On October 28th 2022**, VAERS data release for the period December 2020 to October 21st 2022, showed **1,447,520 adverse event** reports following COVID-19 injections, including 31,696 deaths and 263,462 serious injuries. Of that total, 5,027 reports were of miscarriage or premature birth; 16,555 reported cases of Bell's Palsy; 43,699 reports of blood-clotting disorders; 10,100 reports of anaphylaxis; and 24,438 cases of myocarditis and pericarditis<sup>29</sup>.

Canada's equivalent to VAERS, the Adverse Events Following Immunization (AEFI), is a passive reporting system that is not widely promoted to the public. It is extremely time-consuming for physicians to use and hence, many adverse events are going unreported there. The College of Physicians and health officials are also discouraging physicians from using this system by threatening revocation of their medical licence<sup>30</sup>.

Early on, Dr. McCullough, a highly cited internist, cardiologist, and epidemiologist, came to the shocking conclusion that the government was "...scrubbing unprecedented numbers of injection-related-deaths". He further added, "...with a typical new drug at about five deaths, unexplained deaths, we get a black-box warning, your listeners would see it on TV, saying it may cause death. And then at about 50 deaths it's pulled off the market"<sup>31</sup>.

In 2021 it was already being reported that people under the age of 30 were at a very low risk of contracting or transmitting COVID-19. Risk of death for the age group 15-24 was 1 in 218,399 according to David Spiegelhalter of the University of Cambridge and Office of National Statistics (ONS) UK, referenced on Page 8 of "An Assessment of Covid-19"<sup>32</sup>. Per the American Council on Science and Health, as well as the National Institutes of Health (NIH), "the estimated age-specific Infection Fatality Rate (IFR) was, and remains, very low for children and younger adults (e.g., 0.002% at age 10 and 0.01% at age 25) which translates to a survivability rate of 99.99% to 99.998%, whereas the IFR is 0.4% at age 55 and 1.4% at 65 translating to a survivability rate of 99.6% to 98.6% respectively<sup>33 34</sup>. Minors are at nearly zero percent risk of contracting or transmitting respiratory illnesses and are, instead, buffers which help others build their immune system. Despite these facts, the government continues to mandate the now proven harmful COVID-19 injections, and the updated version of them, to this age group.

Not only are the COVID-19 injections causing severe injury and death, they are also proving to be ineffective against all variants.

As far back as May 2021, Health Canada's Summary Basis of Decision<sup>35</sup>, revealed that the trials did not prevent infection or transmission. In addition, the Summary reported that both Moderna and Pfizer identified six areas of missing (limited/no clinical data) information: "use in paediatric (age 0-18)", "use in pregnant and breastfeeding women", "long-term safety", "long-term efficacy" including "real-world use", "safety and immunogenicity in subjects with immune-suppression", and "concomitant administration of non-COVID vaccines".

This did not stop the Canadian Government from enthusiastically recommending it to pregnant and breastfeeding mothers, with devastating results.

Under the *Crimes Against Humanity and War Crimes Act of Canada*<sup>36</sup>, a crime against humanity means, among other things, murder, any other inhumane act or omission that is committed against any civilian population or any identifiable group and that, at the time and in the place of its commission, constitutes a crime against humanity according to customary international law, conventional international law, or by virtue of its being criminal according to the general principles of law are recognized by the community of nations, whether or not it constitutes a contravention of the law in force at the time and in the place of its commission. The Act also confirms that every person who conspires or attempts to commit, **is an accessory after the fact**, in relation to, or councils in relation to, a crime against humanity, is guilty of an offence and liable to imprisonment for life.

<sup>29</sup> <https://childrenshealthdefense.org/defender/deaths-adverse-events-updated-covid-booster-shots-vaers/>

<sup>30</sup> <https://action4canada.com/bc-doctors-open-letter-regarding-vaccine-adverse-reactions/>

<sup>31</sup> <https://leohohmann.com/2021/04/30/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths/>

<sup>32</sup> <https://ghorganisation.com/wp-content/uploads/2021/07/GHO-updated-pdf.pdf>

<sup>33</sup> <https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>

<sup>34</sup> <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

<sup>35</sup> <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

<sup>36</sup> <https://laws-lois.justice.gc.ca/eng/acts/c-45.9/page-1.html>

Under sections 265 and 266 of the *Criminal Code of Canada*<sup>37</sup>, a person commits an assault when, without the consent of another person, he applies force intentionally to that other person, directly or indirectly. Everyone who commits an assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years, or an offence punishable on summary conviction.

Based on the *Genetic Non-Discrimination Act, Bill S-201*<sup>38</sup>, it is an indictable offence to force anyone to take a DNA/RNA test or deny any service, employment, or education opportunity to anyone who refuses to take such a test. The punishment is a fine not exceeding \$1,000,000 or imprisonment for a term not exceeding five years, or both<sup>39</sup>.

In 1986, the Supreme Court of Canada ruled in *E. (Mrs.) v. Eve*, 1986 CanLII 36 (SCC), [1986] 2 S.C.R. 388<sup>40</sup>, that forced medical testing violates the inviolability of the body and is unlawful. The Court upheld this ruling in *Engel v. Salyn* 1993 CanLII 152 (SCC), [1993] 1 SCR 306<sup>41</sup>.

It is a further violation of the *Canadian Criminal Code*<sup>42</sup>, to endanger the life of another person. Sections 216, 217, 217.1 and 221.

#### **Duty of persons undertaking acts dangerous to life**

**Sec. 216:** Everyone who undertakes to administer surgical or medical treatment to another person or to do any other lawful act that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and to use reasonable knowledge, skill and care in so doing.

R.S., c. C-34, s. 198

#### **Duty of persons undertaking acts**

**Sec. 217:** Everyone who undertakes to do an act is under a legal duty to do it if an omission to do the act is or may be dangerous to life.

#### **Duty of persons directing work**

**Sec. 217.1:** Everyone who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.

#### **Causing bodily harm by criminal negligence**

**Sec. 221:** Every person who by criminal negligence causes bodily harm to another person is guilty of

(a) an indictable offence and liable to imprisonment for a term of not more than 10 years; or,

(b) an offence punishable on summary conviction.

Domestically, in the seminal decision of *Hopp v Lepp*, [1980] 2 SCR 192<sup>43</sup>, the Supreme Court of Canada determined that cases of non-disclosure of risks and medical information fall under the law of negligence. Hopp also clarified the standard of informed consent and held that, even if a certain risk is only a slight possibility which ordinarily would not be disclosed, but which carries serious consequences, such as paralysis or death, the material risk must be revealed to the patient.

The duty of disclosure for informed consent is rooted in an individual's right to bodily integrity and respect for patient autonomy. In other words, a patient has the right to understand the consequences of medical treatment regardless of whether those consequences are deemed improbable, and have determined that, although medical opinion can be divided as to the level of disclosure required, the standard is simple, "A Reasonable Person Would Want to Know the

<sup>37</sup> <https://www.laws-lois.justice.gc.ca/eng/acts/c-46/section-265.html>

<sup>38</sup> <https://www.parl.ca/DocumentViewer/en/42-1/bill/S-201/royal-assent>

<sup>39</sup> <https://laws-lois.justice.gc.ca/eng/acts/G-2.5/index.html>

<sup>40</sup> <https://www.canlii.org/en/ca/scc/doc/1986/1986canlii36/1986canlii36.html?searchUrlHash=AAAAAQAWRS4gKE1ycy4pIHUyEYV2ZSwgMTk4NgAAAAAB&resultIndex=1>

<sup>41</sup> <https://www.canlii.org/en/ca/scc/doc/1993/1993canlii152/1993canlii152.html?searchUrlHash=AAAAQARYm9keSAvcyBpbmZpb2xhdGUAAAAAQ&resultIndex=1>

<sup>42</sup> <https://laws-lois.justice.gc.ca/eng/acts/c-46/FullText.html>

<sup>43</sup> <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2553/index.do>

Serious Risks, Even if Remote.” Hopp v Lepp, supra; Bryan v Hicks, 1995 CanLII 172 (BCCA); British Columbia Women’s Hospital Center, 2013 SCC 30<sup>44</sup>.

Vaccines are not mandatory, therefore, any government mandates or enforcement of vaccines are moot.

In summary, the citizens of Canada are protected under the medical and legal ethics of express informed consent, and are entitled to the full protections guaranteed under:

- **Canadian Charter of Rights and Freedoms<sup>45</sup> (1982)** Section 2a, 2b, 6, 7, 8, 9, 15.
- **Bill of Rights**
- **Canadian Criminal Code**
- **Universal Declaration on Bioethics and Human Rights<sup>46</sup> (2005)**
- **Nuremberg Code<sup>47</sup> (1947)**
- **Helsinki Declaration<sup>48</sup> (1964, Revised 2013) Article 25, 26**

According to top constitutional lawyer, Rocco Galati, *“both government and private businesses cannot impose mandatory vaccinations...mandatory vaccination in all employment context would be unconstitutional and/or illegal and unenforceable.”*<sup>49</sup>

Extortion; committing tort; privacy violations; malicious or willful misconduct; gross negligence; assault and battery; and acting in bad faith are serious indictable criminal code offences.

Due to the well documented harms, if you persist in administering the COVID-19 injection or any updated version of them, you can be held personally, civilly, and/or criminally liable. Your actions may further constitute breach of trust and deception. You are personally not protected under any Act, Order or Statute that is in violation of the Canadian Rule of Law, Constitution and Charter of Rights and Freedoms.

It is the duty of every Canadian citizen, no matter their position or title, to uphold the law and respect the Constitution and Charter Rights. Should you choose to not desist, this NOL may be used as evidence against you in future actions. You have been duly warned.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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<sup>44</sup> <https://www.canlii.org/en/ca/scc/doc/1980/1980canlii14/1980canlii14.html>

<sup>45</sup> <https://www.canada.ca/en/canadian-heritage/services/how-rights-protected/guide-canadian-charter-rights-freedoms.html>

<sup>46</sup> <https://en.unesco.org/themes/ethics-science-and-technology/bioethics-and-human-rights>

<sup>47</sup> <http://www.cirp.org/library/ethics/nuremberg/>

<sup>48</sup> <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>

<sup>49</sup> <https://www.constitutionalrightscentre.ca/employee-rights-the-covid-19-vaccine/>