

Notice of Conditional Acceptance

This is to notify you that I am happy to wear a mask as directed, stand two metres apart or participate in a lockdown on the condition 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 Hypercapnia, 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:

Liability Statement

I, as the official enforcing the unlawful wearing of masks according to parliamentary preference, am fully aware that prolonged use of surgical and non-surgical 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

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Date

Witness 1..... Signature

Address

Witness 2..... Signature

Address

Witness 3..... Signature

Address