

ACTION4CANADA

Protecting Faith, Family and Freedom

“Vaccine” Notice of Liability:

Employers (Health Care, Federal, Private and Public) Business Associations, and the like



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
Employers (Health Care, Federal, Private and Public)
Business Associations, and the like**

Name of Employer/Business Assoc: _____

Attn: _____

Re: COVID-19 injections recommended or administered to employees

This is an official and personal Notice of Liability.

You are unlawfully practicing medicine by prescribing, recommending, facilitating, advertising, mandating, incentivising, and using coercion to insist employees, submit to ANY vaccine including the experimental gene therapy injections for COVID-19, commonly referred to as a “vaccine”.

To begin with, the emergency measures are based on the claim that we are experiencing a "public health emergency". There is no evidence to substantiate this claim. In fact, the evidence indicates that we are experiencing a rate of infection consistent with a normal influenza season¹.

The purported increase in “cases” is 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 Mullis, has clearly indicated that the PCR testing device was never created to test for coronaviruses². Mullis warns 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”.

Despite this warning, the current PCR test utilization, set at higher amplifications, is producing up to 97% false positives³. Therefore, any imposed emergency measures that are based on PCR testing are unwarranted, unscientific, and quite possibly fraudulent. An international consortium of life-science scientists has also detected 10 major scientific flaws at the molecular and methodological level in a 3-peer review of the RT-PCR test to detect SARS-CoV-2⁴.

In November 2020, a Portuguese court ruled that PCR tests are unreliable⁵. 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 positive⁶. Feb 16, 2021, BC Health Officer Bonnie Henry, admitted PCR tests are unreliable⁷. On April 8, 2021, the Austrian court ruled the PCR was unsuited for COVID testing⁸. 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”⁹. On May 8, 2021, the Swedish Public Health Agency stopped PCR Testing for the same reason¹⁰. 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 illnesses¹¹.

Based on this compelling and factual information, the emergency use of the COVID-19 experimental injections is not required or recommended.

¹ <https://www.bitchute.com/video/nQgq0BxXfZ4f>

² <https://rumble.com/vhu4rz-kary-mullis-inventor-of-the-pcr-test.html>

³ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

⁴ <https://cormandrostenreview.com/report/>

⁵ <https://unitynewsnetwork.co.uk/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful-media-blackout/>

⁶ <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem/>

⁷ <https://rumble.com/vhww4d-bc-health-officer-admits-pcr-test-is-unreliable.html>

⁸ <https://greatgameindia.com/austria-court-pcr-test/>

⁹ <https://2020news.de/sensationsurteil-aus-weimar-keine-masken-kein-abstand-keine-tests-mehr-fuer-schueler/>

¹⁰ <https://tapnewswire.com/2021/05/sweden-stops-pcr-tests-as-covid19-diagnosis/>

¹¹ <https://www.jccf.ca/Manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/>

Whereas:

1. The Nuremberg Code¹², 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 so as 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.
2. The treatments being marketed as COVID-19 "vaccines", are still in Phase III clinical trials until 2023¹³, and hence qualify as a medical experiment. People taking these treatments are enrolled as test-subjects and many are unaware that the injections are not actual vaccines as they do not contain a virus but instead an experimental gene therapy.
3. Vaccine development is a long, complex process, often lasting 10-15 years¹⁴. COVID-19 injections have only been in trials for just over a year so there is no long-term safety data available and therefore fully informed consent is not possible.
4. No other coronavirus vaccine (i.e., MERS, SARS-1) has ever been approved for market due to antibody-dependent enhancement, which results in severe illness and death in animal models¹⁵.
5. Numerous doctors, scientists, and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 injections, including but not limited to, death, blood clots, infertility, miscarriages, Bell's Palsy, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, inflammation of the heart¹⁶, and antibody-dependent enhancement leading to death; this includes in children ages 12-17 years old¹⁷.

Dr. Byram Bridle, a pro-vaccine Associate Professor of Viral Immunology at the University of Guelph, gives a terrifying warning of the harms of the experimental treatments in a peer reviewed scientifically published research study¹⁸ on COVID-19 shots. The Spike Protein added to the "vaccine" gets into the blood and circulates throughout the individuals over several days post-vaccination. It then accumulates in tissues such as the spleen, bone marrow, liver, adrenal glands, testes, and of great concern, it accumulates in high concentrations in 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". The study confirms the combination is causing clotting, neurological damage, bleeding, heart problems, etc.

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.

6. People under the age of 30 are at a very low risk of contracting or transmitting this respiratory illness. According to the statistical expert David Spiegelhalter of the University of Cambridge and Office of National Statistics (ONS) of the United Kingdom, risk of death from COVID for the age group between 15 and 24 is 1 in 218,399.

¹² https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf

¹³ <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

¹⁴ <https://www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation>

¹⁵ <https://www.tandfonline.com/doi/full/10.1080/21645515.2016.1177688>

¹⁶ <https://www.nbcconnecticut.com/news/coronavirus/connecticut-confirms-at-least-18-cases-of-apparent-heart-problems-in-young-peopleafter-covid-19-vaccination/2494534/>

¹⁷ <https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple/>

¹⁸ <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>

(Referenced on Page 8 of “An Assessment of Covid-19...”) ¹⁹. 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) is 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” ^{20 21}. Despite these facts, the government is pushing the experimental treatment with the tragic outcome of a high incidence of injury and death.

7. According to Health Canada's Summary Basis of Decision ²², updated May 20, 2021, the trials have not proven that the COVID-19 treatments prevent infection or transmission. The Summary also reports that both Moderna and Pfizer identified that there are 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”.

Under the Risk Management plan section of the Summary Basis of Decision, it includes a statement based on clinical and non-clinical studies that “one important potential risk was identified being vaccine-associated enhanced disease, including VAERD (vaccine-associated enhanced respiratory disease)”. In other words, the shot increases the risk of disease and side-effects, and weakens immunity toward future SARS related illness.

In an article titled “Vaccination against SARS-CoV-2 and disease enhancement – knowns and unknowns” published on NCBI they specifically state: “The possibility of vaccine-induced disease enhancement after vaccination against SARS-CoV-2 has been flagged as a potential safety concern that requires particular attention by the scientific community, including the World Health Organization (WHO), the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Coalition of Medicines Regulatory Authorities (ICMRA)” ²³.

8. As reported to the Vaccine Adverse Events Reporting System (VAERS) in the United States, there have been more deaths from the COVID-19 injections in five months (Dec. 2020 – May 2021) than deaths recorded in the last 23 years from all vaccines combined ²⁴. It is further reported that only one percent of vaccine injuries are reported to VAERS ²⁵, compounded by several month’s delay in uploading the adverse events to the VAERS database ²⁶.

On November 5, 2021, VAERS data release for the period December 14, 2020 to October 29, 2021, showed 856,919 adverse events reports following COVID-19 injections, including 18,078 deaths and 131,027 serious injuries. Of that total, 1,320 adverse injury reports were of miscarriage or premature birth; 3,090 reported cases of Bell’s Palsy; 2,070 reports of serious anaphylaxis; 10,686 reports of blood clotting disorders; and 3,030 cases of myocarditis and pericarditis ²⁷.

Dr. McCullough, a highly cited COVID doctor, came to the stunning 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” ²⁸.

9. Canada’s Adverse Events Following Immunization (AEFI) is a passive reporting system and is not widely promoted to the public, and is extremely time-consuming for physicians to use hence, many adverse events are going unreported there.

¹⁹ <https://ghorganisation.com/wp-content/uploads/2021/07/GHO-updated-pdf.pdf>

²⁰ <https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>

²¹ <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

²² <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7566857/>

²⁴ <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/>

²⁵ https://www.lewrockwell.com/2019/10/no_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/

²⁶ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/reporting-vaccinations.html>

²⁷ <https://childrenshealthdefense.org/defender/vaers-cdc-adverse-events-deaths-covid-vaccines/>

²⁸ <https://leohohmann.com/2021/04/30/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths/>

10. Safe and effective treatments and preventive measures already exist for COVID-19 yet the government is prohibiting their use^{29 30}.

Under the *Crimes Against Humanity and War Crimes Act of Canada*³¹, 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 counsels in relation to, a crime against humanity, is guilty of an offence and liable to imprisonment for life.

Under sections 265 and 266 of the *Criminal Code of Canada*³², 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*³³, 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.

It is a further violation of the *Canadian Criminal Code*³⁴, 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.

²⁹ <https://www.washingtonexaminer.com/news/study-finds-84-fewer-hospitalizations-for-patients-treated-with-controversial-drug-hydroxychloroquine>

³⁰ <https://alethonews.com/2021/05/26/five-recently-published-randomized-controlled-trials-confirm-major-statistically-significant-benefits-of-ivermectin-against-covid-19/>

³¹ <https://laws-lois.justice.gc.ca/eng/acts/c-45.9/page-1.html>

³² <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-57.html#docCont>

³³ <https://www.parl.ca/DocumentViewer/en/42-1/bill/S-201/royal-assent>

³⁴ <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-51.html#docCont>

Domestically, in the seminal decision of *Hopp v Lepp*, [1980] 2 SCR 192³⁵, 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 Serious Risks, Even if Remote." *Hopp v Lepp*, supra; *Bryan v Hicks*, 1995 CanLII 172 (BCCA); *British Columbia Women's Hospital Center*, 2013 SCC 30³⁶.

Vaccination is voluntary in Canada³⁷. Even if the government attempts to mandate it, there is no law, nor can there be, as it is a violation of Human Rights, International Agreements, etc. Employers are infringing on human rights and putting themselves personally at risk of a civil lawsuit for damages, and potential imprisonment, by attempting to impose ANY vaccine including the COVID-19 experimental injections on employees. Canadian law has long recognized that individuals have the right to control what happens to their bodies.

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**³⁸ (1982) Section 2a, 2b, 7, 8, 9, 15.
- **Universal Declaration on Bioethics and Human Rights**³⁹ (2005)
- **Nuremberg Code**⁴⁰ (1947)
- **Helsinki Declaration**⁴¹ (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."⁴²

There is no legislation that allows an employer to terminate an employee for not getting a COVID-19 shot. If an employer does so, they are inviting a wrongful dismissal claim, as well as a claim for a human rights code violation⁴³. For those employees who are influenced, pressured or coerced by their employer to have the COVID-19 shot, and suffer any adverse consequences as a result of the injection, the employer, and its directors, officers, and those in positions carrying out these measures on behalf of the employer, will be opening themselves up to personal civil liability, and potential personal criminal liability, under the Nuremberg Code, the Criminal Code of Canada, and the *Crimes Against Humanity and War Crimes Act of Canada*, all referenced above.

Therefore, I hereby notify you that I will hold you personally liable for any financial injury and/or loss of my personal income and my ability to provide food and shelter for my family if you use coercion or discrimination against me based on my decision not to take ANY vaccine including the COVID-19 experimental injection.

Name: _____

Signature: _____

Date: _____

³⁵ <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2553/index.do>

³⁶ <https://www.canlii.org/en/ca/scc/doc/1980/1980canlii14/1980canlii14.html>

³⁷ https://web.archive.org/web/20080414131846/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s4/23s4b_e.html

³⁸ <https://www.canada.ca/en/canadian-heritage/services/how-rights-protected/guide-canadian-charter-rights-freedoms.html>

³⁹ <https://en.unesco.org/themes/ethics-science-and-technology/bioethics-and-human-rights>

⁴⁰ <http://www.cirp.org/library/ethics/nuremberg/>

⁴¹ <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>

⁴² <https://www.constitutionalrightscentre.ca/employee-rights-the-covid-19-vaccine/>

⁴³ <https://www.chrc-ccdp.gc.ca/en/about-human-rights/what-discrimination>