

“Vaccine” Notice of Liability Post-Secondary Educational Institutions

To: Heads of Trade Schools/Art Schools/Universities/Colleges, including Presidents, Executives, Directors, Deans, Instructors, Professors, Superintendents, Administrators, Student Unions/Councils, and anyone else involved in Post-Secondary Educational Institutions, Universities, Trade Schools, Colleges, and the like.

Attention: _____

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

This is your official and personal Notice of Liability.

As a person involved in the education system, you are NOT a qualified medical professional and, therefore, you are unlawfully practising medicine by prescribing, recommending, facilitating, advertising, mandating, incentivising, and using coercion to insist students, including minors, submit to the experimental medical treatment for Covid-19, namely being injected with one of the experimental gene therapies 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”.

In light of 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 RTPCR 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 matter⁹”. On May 8, 2021, the Swedish Public Health Agency stopped PCR Testing for the same reason¹⁰. On May 10th, 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.

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/>

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

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. All 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. None of these treatments have been fully approved. They have only been granted emergency use authorization by the FDA, which Health Canada^{14 15 16}, is using as the basis for approval under the interim-order, therefore, fully informed consent is not possible.
4. Most vaccines are trialed for at least 5-10 years¹⁷, and COVID-19 treatments have been in trials for less than one year.
5. No other coronavirus vaccine (i.e., MERS, SARS-1) has been approved for market due to antibody-dependent enhancement, which resulted in severe illness and death in animal models¹⁸.
6. 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 heart¹⁹, and antibody-dependent enhancement leading to death; this includes in children ages 12-17 years old²⁰.

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 new peer reviewed scientifically published research study²¹ 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 the 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.

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

¹⁵ <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/authorization/applications.html>

¹⁶ https://www.pfizer.com/news/hot-topics/the_facts_about_pfizer_and_biontech_s_covid_19_vaccine

¹⁷ <https://hillnotes.ca/2020/06/23/covid-19-vaccine-research-and-development/>

¹⁸ <https://www.tandfonline.com/doi/full/10.1080/21645515.2016.1177688>

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

²⁰ <https://childrenshealthdefense.org/defender/vaers-data-reports-injuries-12-to-17-year-olds-more-than-triple/>

²¹ <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-sugge>

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 plasma.

7. 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 218,399²². According to Centre for Disease Control and Prevention (CDC), survival chances in the age category of 20-29 with no underlying condition, for males is 99.9997% and for females 99.9998%, and with underlying conditions 99.9037% and 99.9466 respectively²². Despite these facts, the government is pushing the experimental treatment with the tragic outcome of a high incidence of injury and death.
8. According to Health Canada's Summary Basis of Decision, 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 Decision²³, 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.

The report specifically states, “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)²⁴”.

9. 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 combined²⁵. It is further reported that only one percent of vaccine injuries are reported to VAERS²⁶, compounded by several month’s delay in uploading the adverse events to the VAERS database²⁷.

On July 16, 2021, VAERS data release showed 463,457 reports of adverse events following COVID-19 injections, including 10,991 deaths and 48,385 serious injuries, between December 14, 2020, and July 16, 2021, and that adverse injury reports among 12-17-year old’s more than tripled in one week²⁸.

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 market²⁹”.

10. Canada’s Adverse Events Following Immunization (AEFI) is a passive reporting system and is not widely promoted to the public, hence, many adverse events are going unreported here.

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

²³ <https://action4canada.com/wp-content/uploads/Summary-Basis-of-Decision-COVID-19-Vaccine-Moderna-Health-Canada.pdf>

²⁴ <https://www.tandfonline.com/doi/full/10.1080/14760584.2020.1800463>

²⁵ <https://vaccineimpact.com/2021/CDC-death-toll-following-experimental-Ovid-injections-now-at-4863-more-than-23-previous-years-of-recorded-vaccine-deaths-according-to-avers/>

²⁶ https://www.lewrockwell.com/2019/10/no_author/harvard-medical-school-professors-uncover-a-hard-to-swallow-truth-about-vaccines/

²⁷ <http://vaxoutcomes.com/thelatestreport/>

²⁸ <https://childrenshealthdefense.org/defender/vaers-deaths-injuries-reported-cdc-covid-vaccines-moderna-pregnant-women/>

²⁹ <https://leohohmann.com/2021/04/30/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths/>

11. Safe and effective treatments and preventive measures already exist for COVID-19, aside from the experimental shots, yet the government is prohibiting their use^{30 31}.

Young adults have already been exposed to unprecedented amounts of fear, instability, shaming, psychological trauma, and segregation through the COVID-19 measures and are, therefore, even more susceptible to being influenced by those in authority. Educational institutions support COVID-19 “vaccine” information, which is biased, prejudicial, and is a form of undue influence. The information offered about the injections excludes full disclosure of the growing risks (adverse reactions and death) of the experimental treatments, and the emerging evidence that the shots do not provide protection as claimed. Informed consent with FULL disclosure is mandatory and yet, due to lack of research data, “full” disclosure cannot be provided.

Under the *Crimes Against Humanity and War Crimes Act of Canada*³², 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.

Under sections 265 and 266 of the Criminal Code of Canada³³, 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.

It is a further violation of the Canadian Criminal Code³⁴, to endanger the life of another person:

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 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 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.

³⁰ <https://www.washingtonexaminer.com/news/study-finds-84-fewer-hospitalizations-for-patients-treated-with-controversial-drug-hydroxychloroquine?>

³¹ <https://alethonews.com/2021/05/26/five-recently-published-randomized-controlled-trials-confirm-major-statistically-significant-benefits-of-ivermectin-against-covid-19/>

³² <https://laws-lois.justice.gc.ca/eng/acts/c-45.9/page-1.html>

³³ <https://laws-lois.justice.gc.ca/eng/acts/c-46/page-57.html#docCont>

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

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

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.

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 (1982)**³⁷ Section 2a, 2b, 7, 8, 9, 15.
- **Universal Declaration on Bioethics and Human Rights (2005)**³⁸
- **Nuremberg Code (1947)**³⁹
- **Helsinki Declaration (1964, Revised 2013)**⁴⁰ Article 25, 26

All Canadian law, contrary to misinformation spread by the WHO, does not allow 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 doctrine⁴¹.

Vaccination is voluntary in Canada. The federal and provincial governments have made it clear that getting the COVID-19 injections will not be mandatory. Educators are infringing on human rights and putting themselves personally at risk of a civil lawsuit for damages, and potential imprisonment, by attempting to impose this experimental medical treatment on students, including minors. Canadian law has long recognized that individuals have the right to control what happens to their bodies.

In conclusion, administration of vaccinations is defined as a “medical procedure”. The courts have established jurisprudence on Informed Consent requirements.

It is the responsibility of adult individual students and the parents/legal guardians of those students who are minors, not of presidents, deans, professors, instructors, administrators, board executives or other persons in authority, to make medical decisions for students.

Therefore, I hereby notify you that you will be held personally, civilly, and criminally liable for any injuries or death that may occur as a result of recommending, encouraging, advertising, mandating, facilitating, incentivising, coercing, or administering these experimental injections.

Name (print): _____

Signature: _____

Date: _____

³⁶ <https://www.canlii.org/en/ca/scc/doc/2013/2013scc30/2013scc30.html?resultIndex=1>

³⁷ <https://www.canada.ca/en/canadian-heritage/services/how-rights-protected/guide-canadian-charter-rights-freedoms.html>

³⁸ <https://en.unesco.org/themes/ethics-science-and-technology/bioethics-and-human-rights>

³⁹ <http://www.cirp.org/library/ethics/nuremberg>

⁴⁰ <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>

⁴¹ <https://www.bitchute.com/video/W5qSPiy1onXt/>