

Employee Health Policies
Employer Liability Acceptance Form

I, [COMPANY OFFICIALS NAME]: _____, as an official representative of [COMPANY NAME]:
_____ in the official company capacity of [JOB TITLE]:
_____ charged with the duty of executing said company's employee health policies as a stated "condition of employment," which may include company policies potentially harmful to employee including the use of, coercion, bribery, or any threat of loss of employment and income, or any other means of coercion, hereby state that I fully understand the actions I am taking, and that I **ACCEPT FULL LEGAL, FINANCIAL, AND HEALTH CONDITION LIABILITY**, both professionally and personally, for any and all damages affecting employee, which may arise as a result of my actions to enforce and execute said "Company" employee health policy, and hereby acknowledge that I am executing and enforcing said policies without providing employee proper information in order for the employee to offer any "informed consent." "EMPLOYEE" shall include all under direct employment and all private "contractors" that fall under said company health policies being enforced.

Liability for "forced or coerced" health policies will include, but are not limited to; forced masking, forced quarantine, forced house arrest, forced medical treatments of any kind, any forced vaccinations, inoculations, injections, whether approved by government agencies or not, related employee abuse or "shaming," discrimination, or otherwise infringement upon employee Constitutionally protected Natural Rights, individual liberties, or Civil Liberties.

COMPANY NAME: _____

COMPANY HQ ADDRESS: _____

COMPANY PRIMARY PHONE: _____

PRESIDENT/ CEO NAME: _____

COMPANY OFFICER: _____

OFFICER HOME ADDRESS: _____

OFFICER HOME PHONE: _____ MOBILE PHONE _____

DATE POLICY IS BEING FORCED UPON EMPLOYEE: _____

I, the undersigned, responsible for executing and enforcing company health policies upon employee, without their "informed consent" and "against their will" fully understand the actions I am taking and that I am completely liable, on behalf of company and myself, for any adverse effects, losses to the health, financial or other well-being of employee, due to my actions today.

SIGNED: _____ DATE: _____

Both Professionally and Personally