**FAO: [RELEVANT PERSON AT THE PREMISES]**

[FULL ADDRESS]

[DATE]

By post and email:

[EMAIL ADDRESS OF RECIPIENT]

Dear [RECIPIENT FIRST NAME]

**Re: Discrimination against [NAME] on the basis of [HIS/HER/THEIR] inability to take Covid-19 jabs**

We write on behalf of [NAME] in respect of [HIS/HER/THEIR] recent unlawful exclusion and denial of entry from [ENTER DETAILS OF PREMISES] (“**[PREMISES]**”). We set out below the legal reasoning why [NAME] has been discriminated against by the [PREMISES].

Please be aware that there is no lawful requirement to undertake any vaccination to participate in such activities, and in particular the Covid-19 experimental vaccination is not a medical treatment [NAME] wishes to undergo. Furthermore, by attempting to coerce [NAME] into taking this unwanted pharmaceutical treatment the [PREMISES] are committing a criminal offence, while any allegation that [NAME] may endanger the lives of others in any way by remaining unvaccinated is propagating serious scientific and medical fraud.

More particularly, pursuant to the Schedule at the back of this letter, it is kindly requested that the [PREMISES]:

1. Settle in full with [NAME] by paying [HIM/HER/THEIR] the sum of **£[SUM]** (see breakdown below);
2. Make a sincere written apology to [NAME] by emailing it to [NAME’S EMAIL ADDRESS];
3. Make a public statement on a prominent page on its website [ENTER PREMISES WEBSITE] informing all members and site visitors that it does not intend to discriminate or harass [PLAYERS/MEMBERS/VISITORS] who are unvaccinated;
4. Display a copy of this letter physically on the [PREMISES] premises noticeboard for a period of one month from the date of this letter; and
5. Sign and return the Schedule within the appendices of this letter to [NAME] at [ENTER NAME’S ADDRESS].

We kindly ask that you reply to this letter by sending us the signed Schedule within the appendices at the back of this letter to confirm your understanding and agreement, within a time-period of no more than two weeks following the date of this letter.

[We understand that on or around [DATE] [NAME] attended [PREMISES] to [EXPLAIN EVENT] (“**Event 1**”). [EXPLAIN WHAT HAPPENED].]

[We understand that on or around [DATE] [NAME] attended [PREMISES] to [EXPLAIN EVENT] (“**Event 2**”). [EXPLAIN WHAT HAPPENED].]

[We understand that on or around [DATE] [NAME] attended [PREMISES] to [EXPLAIN EVENT] (“**Event 3**”). [EXPLAIN WHAT HAPPENED].]

In light of the disturbing incidents that happened during [EVENT 1, EVENT 2 AND/OR EVENT 3], [NAME] has now decided that [EXPLAIN DECISION] given the mistreatment and discrimination [HE/SHE/THEY] [HAS/HAVE] suffered. [NAME] seeks a reimbursement of all sums due, as explained further below in this letter. However, to aid your understanding we first set out the legal reasons as to why [NAME] has been unlawfully discriminated against on the basis of [HIS/HER/THEIR] inability to undergo Covid-19 vaccinations which are prophylactic medical treatments. We also believe that at no point has [PREMISES] communicated (on its website) the intention to mandate Covid-19 vaccinations for its [MEMBERS/VISITORS/GUESTS/ETC]. There is no such request within the [PREMISES] rules, or on the website home page, where no agreement has been sought from [APPROPRIATE PERSON(S)] as to this requirement. Indeed, we note that no such request has ever been made in respect of the vaccines in the past, despite the flu having a very sinister rate of morbidity.

Furthermore, the Government’s own statistics demonstrate that those who have been vaccinated are far more likely to test positive for Covid-19 while there continues to be no evidence for asymptomatic transmission, a concept that, until recently, was unheard of in the history of mankind.

[NAME] has a legal right to give his free and informed consent to undergo (or not undergo) a full course of Covid-19 vaccination which is a medical intervention. Firstly, under section 45E of the Public Health (Control of Disease) Act 1984 persons must not be required to undergo medical treatment, which includes vaccination and other prophylactic (preventative) treatment (unless legislation exists to the contrary). Secondly, [NAME] has the right to provide [HIS/HER/THEIR] free and informed consent to medical treatment and reject such treatment if [HE/SHE/THEY] so chooses; the Supreme Court of the United Kingdom decided as such in *Montgomery v Lanarkshire Health Board* [2015] UKSC 11.

Lady Hale eloquently surmised at paragraph [108] of the judgment that:

‘[i]t is now well recognised that the interest which the law of negligence protects is a person’s interest in their own physical and psychiatric integrity, an important feature of which is their autonomy, their freedom to decide what shall and shall not be done with their body’.

*Montgomery* established that the test of materiality in the UK consists of an objective standard and a subjective standard (which must not be viewed as a mere ‘gloss’); the test is whether, in the circumstances of the particular case, a reasonable person in the patient’s position would likely attach significance to the risk, or the doctor should be reasonably aware that the particular patient would attach significance to it (see para [87]). The patient must decide whether or not to run the risk of treatment (because all medical treatment carries an element of risk, however small). Even if that risk is small, in line with the test of materiality, the patient must be informed of it if they subjectively attach significance to the risk.

Alternatives must also be considered, as well as the option for no treatment. There are alternatives to the Covid-19 vaccination, that have proved successful in treating it, such as zinc, vitamins D and C, ivermectin: the list goes on. Please also be aware that in the own words of Prime Minister Boris Johnson, [the Covid-19 jabs do not “prevent you from catching it or passing it on”](https://twitter.com/jamesmelville/status/1452935942382264323). Also, [NAME] is generally active, fit and healthy for [HIS/HER/THEIR] age and is at next to no risk from suffering from any respiratory illness that could be diagnosed as ‘Covid’ where there remains no evidence for asymptomatic transmission. It is also highly unlikely that, in light of the lack of evidence regarding asymptomatic transmission, it could be ‘transferred’ to other players; vaccinations are prophylactic (preventative) treatments and only intend to benefit the recipient, not third parties. There is no basis in law or medical evidence to discriminate against [NAME] merely because [HE/SHE/THEY] cannot undergo a prophylactic treatment. Please also note that [NAME] maintains that if [HE/HIM/THEY] was ever in any way feeling unwell, then [HE/HIM/THEY] would stay away from the [PREMISES] so as not to risk passing any bug, Covid or otherwise, to other [MEMBERS/VISITORS/GUESTS]. [NAME] clearly has the utmost consideration for others because [HE/SHE/THEY] [HAS/HAVE] undertaken lateral-flow testing which has been negative.

By forcing or attempting to force [NAME] to undergo this medical treatment, you are likely to cause psychiatric harm and distress or economic loss (due to not being able to recover [EXPLAIN ECONOMIC LOSS] and other reasonable costs incurred). Such behaviour on your part amounts to a breach of contract, and is a criminal offence; applying or attempting to apply a medical intervention without consent amounts to a battery (and potentially assault, ‘the fear of the battery’).

You are therefore exposing yourselves to potential civil actions in tort and breach of contract, as well as criminal actions for assault.

You must also not subject any individual to inhumane and degrading treatment causing psychiatric harm, or be complicit in doing so. Such treatment would be ‘inhuman and degrading treatment’ contrary to Article 3 and Article 8 of the European Convention on Human Rights (ECHR). In relation to ECtHR case law on informed consent to medical treatment and Article 8, see *YF v Turkey* App no 24209/94 (ECtHR, 22 July 2003).

Article 6 of the Universal Declaration on Bioethics and Human Rights 2005 also states, *inter alia* that,

‘[a]ny preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.’

Choosing whether one undergoes or not undergoes medical treatment must be a decision free from external pressures. This important point has been made by the General Medical Council (GMC) in their ‘[Decision-Making and Consent Guidance 2020](https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf)’. At clause 69 on page 31, the guidance clearly explains that ‘[m]any factors influence patients’ decision making, but it’s important that nothing influences a patient to such an extent that they can’t exercise free will. If a patient can’t make a decision freely, they won’t be able to consent. At clause 70 on page 31, the guidance further explains that:

‘[p]atients may feel pressure to have particular treatment or care. Pressure can come from others – partners, relatives or carers, employers or insurers – or from patients’ beliefs about themselves and society’s expectations.’

There is no lawful basis for you to enforce mandatory vaccinations for your [MEMBERS/PLAYERS/GUESTS], whatever the feelings of other members. Such a compulsion is completely anathema to public policy, and discriminates against those who (for whatever reason) are unable to undergo Covid-19 vaccinations.

Please note that Covid-19 vaccinations do not inhibit transmission or infection. This was made clear (and is a statement of public record) by the [Chief Executive Officer of Pfizer](https://www.cnbc.com/2022/01/10/pfizer-ceo-says-two-covid-vaccine-doses-arent-enough-for-omicron.html). [NAME], as an adult with capacity to make [HIS/HER/THEIR] own informed medical decisions, has made it clear that [HE/SHE/THEY] is unable to take a Covid-19 vaccination, and therefore [HE/SHE/THEY] must be allowed to participate, as a [MEMBER/GUEST/ETC], in all activities.

Dr. Joanna Moncrieff (Professor of Critical and Social Psychiatry at University College London), and some of her colleagues, published a [rapid response](https://www.bmj.com/content/375/bmj.n2957/rr-1) on 13 December 2021 agreeing with a [House of Lords Committee](https://committees.parliament.uk/publications/7989/documents/82445/default/) asserting that evidence is insufficient to back mandatory NHS staff vaccination. It is clear that the eloquent and concise opinion of Dr. Moncrieff and her colleagues is that everyone must be able to make a free and fully-informed choice as to whether to have a Covid-19 vaccination course. Here is a summary of the issues set out in Dr. Moncrieff’s rapid response:

* Considerable uncertainty exists as to the efficacy of these vaccines, including issues over short-term complications and a lack of data on long-term harms that may potentially result from having the Covid-19 vaccination.
* It is widely accepted that the only means of providing robust data on the efficacy of medical interventions is through randomised controlled trials, because purely observational data is subject to uncontrolled biases. However, the randomised controlled trials of the Covid-19 vaccination lasted for a very short time and their only objective was to provide definitive statistical evidence on preventing ‘symptomatic infections’, not on preventing infection per se, hospitalisations or death. No data was provided by the trials on whether transmission of infection is reduced by the vaccinations; this is evident by real world evidence such as the rapid spread of the Delta and now Omicron variants.

* Evidence currently available suggests that the vaccines are effective in reducing (by a few weeks) symptomatic infections. Reports alluded to by Dr. Moncrieff in her rapid response demonstrate that either the positive effects of the vaccine wear off quickly, and/or that some bias creeped into the original trial procedures, code-breaks caused by reactions to the vaccine. There may have also been other procedural irregularities. Therefore, the data on ‘the prevention of cases by two vaccinations’ is unreliable which is possibly due to the rapidly waning effects or other factors; because these have not been tested in randomised trials, there is therefore no secure evidence either way.

* No randomised trials have been conducted for the third and fourth ‘booster’ vaccines and there is very little evidence / data on the effectiveness and safety of these. In fact, there have been many studies over the past few years relating to the [dangers of repeatedly being exposed to mRNA technology](https://www.statnews.com/2017/01/10/moderna-trouble-mrna/). Therefore, the cumulative risks of repeated booster shots certainly outweigh the benefits (which are negligible and based on rushed trials).

* In terms of vaccine safety, it is evident that there are rare but serious and potentially fatal adverse reactions, which have been reported in a substantial number of people. [The Government’s MHRA data](https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting#annex-1-vaccine-analysis-print) is applicable in this regard. Some of the most serious adverse reactions are blindness, thrombosis, myocarditis and pericarditis. Dr. Moncrieff notes that these adverse reactions took months to formally identify. Please also note that ‘blood clotting’ is a serious side effect of the AstraZeneca vaccine. During the next few years, the long-term side effects of the Covid-19 vaccinations will become apparent, although such side effects will be even more difficult to detect because of the unduly slapdash way in which the randomised trials were conducted.

* No data is currently available on those groups most at risk of adverse effects of a Covid-19 vaccine, especially those with or at risk of autoimmune disorders.

* Urgent, better-quality research and access to the existing data from the vaccine trials are required to ensure that free and fully informed consent can be given to a Covid-19 vaccination. Mandating the vaccination for, *inter alia*, certain occupational groups and use of deprivation of livelihoods and careers for non-compliance is not justified. The overall benefits of the Covid-19 vaccinations must be balanced (through a risk-benefit ratio analysis) and currently there exists an unfavourable ratio due to great uncertainty about the vaccination’s overall benefits and the lack of concrete data on long-term harms.

Covid-19 vaccinations are only being used under temporary emergency authorisation and full approval has not yet been granted. Clinical trials are scheduled to end (for the following Covid-19 vaccinations) on these dates:

|  |  |
| --- | --- |
| **Covid-19 Vaccination (Creator)** | **Clinical Trial End Date** |
| [Pfizer / Biontech](https://clinicaltrials.gov/ct2/show/NCT04368728) | 15 May 2023 |
| [Moderna](https://clinicaltrials.gov/ct2/show/NCT04470427) | 27 October 2022 |
| [AstraZeneca](https://clinicaltrials.gov/ct2/show/NCT04516746) | 14 February 2023 |
| [Janssen](https://clinicaltrials.gov/ct2/show/NCT04505722) | 2 January 2023 |

The conclusion of the clinical trials, as demonstrated by the table above, is at least 7-8 months away. These trials have also been compromised by allowing the placebo group to cross over into the treatment arms. No long-term data as to the side effects of these vaccinations is available (novel gene-based mRNA or DNA viral vector technology has not been used before and on such a wide scale). The Nuremberg Code (1947) (see clauses 1-10) and the Declaration of Helsinki (see paragraphs [25]-[32] on informed consent) therefore apply, because the treatment is experimental. As such, the treatment must only be carried out with the fully informed consent of the study participant. These international codes and tenets are [clearly being breached](https://www.ukmedfreedom.org/open-letters/open-letter-to-members-of-the-house-of-lords-re-vaccine-mandates-for-nhs-and-cqc-regulated-healthcare-workers) by those attempting to mandate the Covid-19 vaccinations.

[A grave misunderstanding has arisen between yourselves, other members of the [PREMISES] and [NAME] as to whether or not [HE/SHE/THEY] procured evidence of [HIS/HER/THEIR] vaccination status at some point during [EVENT 1/EVENT 2/ EVENT 3]. [EXPLAIN WHAT HAPPENED IN TERMS OF THE DISCRIMINATION SUFFERED]. Please note that [Government guidance](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own) precludes any requirement to show, on demand, written evidence of a face mask exemption:

“Some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign.

This is a personal choice and is not necessary in law.

[...]

Those who have an age, health or disability reason not to wear a face covering should not be routinely asked to provide any written evidence of this. Written evidence includes exemption cards.”

As a result of such unreasonable behaviour on the part of the [PREMISES] and its [CONTROLLERS/MEMBERS/GUESTS], [NAME] requests a full payment of all monies [HE/SHE/THEY] [IS/ARE] owed, no later than 14 days from the date of this letter. [NAME] also requests the payment of damages for the unlawful discrimination and harassment suffered.

The [PREMISES] is therefore required to pay:

1. £[AMT] damages for [INSERT AS APPROPRIATE];
2. [INSERT AS APPROPRIATE]

Also, there is a clear case of breach of contract in relation to [ENTER DETAILS AS APPROPRIATE].

In total, the [PREMISES] shall pay [NAME] **£[AMT]** in full and final settlement for his claim for damages and reimbursements. We further ask that the [PREMISES] makes a sincere apology directly to [NAME], and publishes a public statement on a prominent page on their website at [ENTER URL] that, going forward, there must be no discrimination against [MEMBERS/VISITORS/GUESTS] on the basis of whether or not they have had Covid-19 vaccinations. The [PREMISES] must display a physical copy of this letter on their premises noticeboard for a period of one month from the date of this letter. The [PREMISES] must also sign the Schedule contained within the appendices of this letter and return it by either post or email to [NAME].

The [PREMISES] has caused feelings of anxiety, fear, and a feeling of intimidation towards [NAME], as a result of [YOUR/ITS] unreasonable, unwarranted and unlawful coercive demands of [YOUR/ITS] [OFFICERS/MEMBERS/PLAYERS] made to [NAME] to have a medical procedure [HE/SHE/THEY] [IS/ARE] unable to give [HIS/HER/THEIR] informed consent to.

We hope the information above, including a full explanation of the legal context, allows you to better understand the important issues involved and to make the right decision for both you and [NAME].

If you fail to address our concerns set out in this letter and do not reimburse [NAME] with all monies [HE/SHE/THEY] [IS/ARE] owed, [I/NAME] will report the [PREMISES] to both the Police (in respect of the criminal offence committed) and [ANY OTHER RELEVANT PERSON/BODY]).

It goes without saying, but [NAME] has invested [HIS/HER/THEIR] precious time and money in this [PREMISES] and if understandably reserves [HIS/HER/THEIR] legal rights to pursue civil and criminal claims against you relating to the various forms of discrimination and harassment [HE/SHEY/THEY] [HAS/HAVE] suffered.

Thank you for your consideration of this important letter.

Yours faithfully,

[NAME]

**Appendices**

The appendices consist of [[Exhibit A, Exhibit B, Exhibit C, Exhibit D] (insert / delete as appropriate)] and the ‘Schedule’, as explained in the letter, *supra*.

**[Exhibit A]**

**Schedule**

[PREMISES] hereby acknowledges and accepts that it has perpetrated unlawful discrimination and exclusion in respect of its members’ behaviour towards [NAME].

[PREMISES] shall provide [NAME] with the following monetary amounts as set out below within a time-period not exceeding 14 days of the date of this letter:

1. £[AMT] damages for [INSERT AS APPROPRIATE];
2. [INSERT AS APPROPRIATE]

**[PREMISES] undertakes within 14 days of the date of this letter:**

1. Settle in full with [NAME] by paying him the sum of **£[AMT]** as set out above;
2. Make a sincere written apology to [NAME] by emailing it to: [EMAIL ADDRESS OF NAME];
3. Make a public statement on a prominent page on its website [WEBSITE URL] informing all members and site visitors that it does not intend to discriminate or harass [PLAYERS/MEMBERS/VISITORS] who are unvaccinated;
4. Display a copy of this letter physically on the [PREMISES] premises noticeboard for a period of one month from the date of this letter; and
5. Sign and return this Schedule by post [AND/OR] by email to [NAME] at [NAME’S ADDRESS].

The total amount of **£[AMT]** shall be payable direct to the following account of [NAME] in full and final settlement of his claim for breach of contract, disability discrimination and harassment.

[INSERT METHOD OF PAYMENT]

[PREMISES OWNER’S NAME] …………………………………………… is authorised to sign this schedule on behalf of [PREMISES].

Signed: ……………………………………………………

Date: ……/……/……….