

ATTENTION: Business Owner, Manager, Employer, Employee, Attendant and/or Law Enforcement Officer(s)
This Card Protects My Rights & Yours

I have a disability. I do not, cannot and will not cover my vital airways, nose, mouth, face, eyes and head with a face mask, face covering, face shield or any other obstructing and impeding device. Per “Medical Privacy Laws” you have no right to question my disability and I am not required to disclose or discuss my disability with anyone. If you are asserting that I have a disability and you are offering me any device as an “accommodation” or “mitigation measure” under 28 CFR (Code of Federal Regulations) Section 36.203c I am not required to accept it.

Per 28 CFR Section 36.104 this facility has been classified, designated and defined by Federal Law as a “Place of Public Accommodation.” Per 42 U.S.C. § 12182(a); 28 C.F.R. § 36.201.11 in accordance with the Federal “Non-discrimination Mandate” I have the legal and lawful right to enter inside of this facility in order to carry on with my business unhindered, unimpeded and unmolested receiving “the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations” herein. Any violation of my Rights will result in legal actions being taken against this facility and against any person(s) engaged in the act of questioning my disability and violating my Rights.

42 U.S. Code § 12203(b) Interference, coercion, or intimidation – *“It shall be unlawful to coerce, intimidate, threaten, or interfere with any individual in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other individual in the exercise or enjoyment of, any right granted or protected by this chapter.”*

Thank You!

NOTE: If you are attempting to violate my Rights under the above referenced Codes of Federal Regulations and Statutes and are intent upon continuing to do so, I hereby respectfully ask for your name, signature, title, badge number and any other identifying information that I will require in order to file a Civil Lawsuit against you for violating my Rights under the above. I will call for the local police department to assist me and provide me with a formal written complaint/report if you refuse to acknowledge your violation of my Rights in writing.

Violator #1, Name: _____ Description: _____

Violator #1, Signature: _____

Violator #2, Name: _____ Description: _____

Violator #2, Signature: _____

Violator #3, Name: _____ Description: _____

Violator #3, Signature: _____