

LEGAL DOCUMENT

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Due to the mental & physical risk that wearing a face mask poses to me, I have made the individual, who has signed this document to the right, aware of the fact that under the **Americans with Disabilities Act**, I am exempt from face mask mandates; yet I have still been denied access from said business and therefore have been denied my right to obtain services and or products I need for my personal well being.

(Name of Business/organization)

(Signature of Business/organization employee)

(Name of Business/organization)

(Signature of Business/organization employee)

(Name of Business/organization)

(Signature of Business/organization employee)

(Name of Business/organization)

(Signature of Business/organization employee)