

This form must be completed and signed by any person from the U. S. or Other Foreign Residents, receiving treatment at \_\_\_\_\_

Governing Law

I, \_\_\_\_\_ agree that the relationship between myself and Dr. \_\_\_\_\_ shall be governed by and construed in accordance with the laws of the Province of Manitoba.

Jurisdiction

The patient acknowledges that the treatment/service was performed in the Province of Manitoba and that the Courts of the Province of Manitoba shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment. The Patient hereby agrees that he/she will commence any such legal proceedings in the Province of Manitoba and only in the Province of Manitoba and hereby submits to the jurisdiction of the Courts of the Province of Manitoba.

Date \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient