

# CONSENT FORM FOR NON-CANADIAN RESIDENTS

## GOVERNING LAW

THE PATIENT \_\_\_\_\_ AGREES THAT THE RELATIONSHIP BETWEEN HIMSELF/HERSELF AND DR. SANDRA M. FINCH AND DR. SANDRA M. FINCH INC. SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE PROVINCE OF BRITISH COLUMBIA.

## JURISDICTION

THE PATIENT \_\_\_\_\_ ACKNOWLEDGES THAT THE TREATMENT/SERVICE WAS PERFORMED IN THE PROVINCE OF BRITISH COLUMBIA AND THAT THE COURTS OF THE PROVINCE OF BRITISH COLUMBIA 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/SERVICE. THE PATIENT HEREBY AGREES THAT HE/SHE WILL COMMENCE ANY SUCH LEGAL PROCEEDINGS IN THE PROVINCE OF BRITISH COLUMBIA AND HEREBY SUBMITS TO THE JURISDICTION OF THE COURTS OF THE PROVINCE OF BRITISH COLUMBIA.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PRINTED NAME  
NAME

\_\_\_\_\_  
WITNESS                  PRINTED

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ AT WHITE ROCK, BRITISH COLUMBIA.