

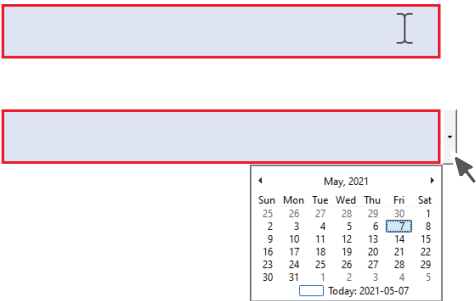
Governing Law and Jurisdiction Agreement (for non-residents of Canada)



Please complete the following Governing Law and Jurisdiction Agreement form (see last page) and send your **FULLY** completed form by email to SHC@unb.ca.

HOW TO USE THE DIGITAL FORM:

1) Click any of the blue/red boxes on the form to type text, or click on the arrow to the right of the box to choose a date from the dropdown menu.

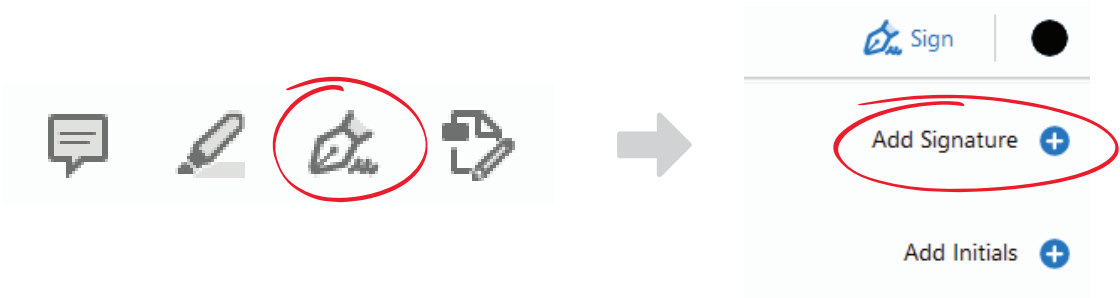


2) SIGNATURE REQUIRED - Please be sure to include your **signature** when submitting your consent form. There are 2 ways you can do this:

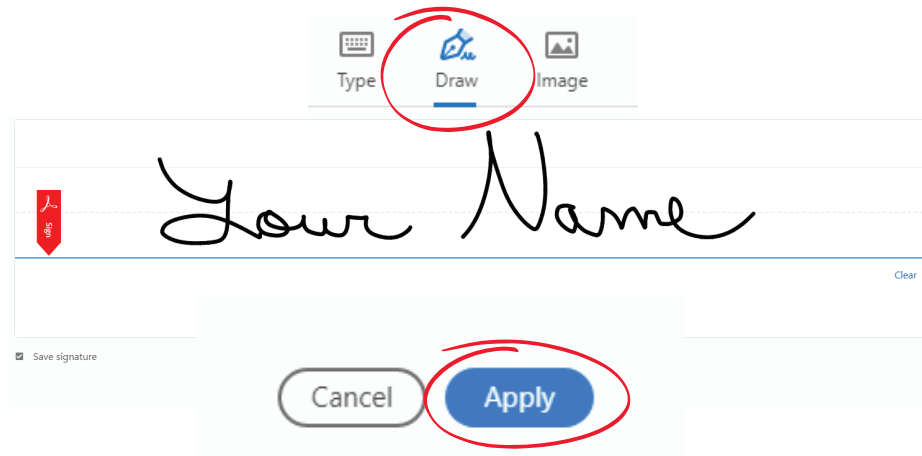
PRINT & COMPLETE THE FORM BY HAND: You can take a picture with your phone or scan the completed/signed form and submit by email.

DIGITALLY COMPLETE/SIGN THE FORM:

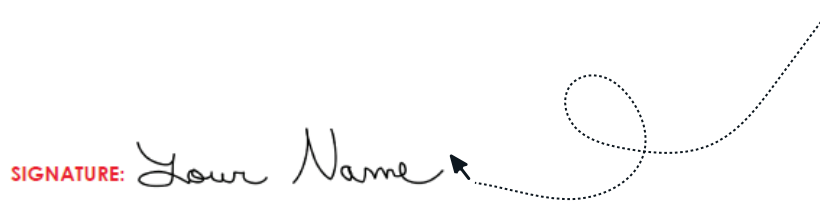
1) In Adobe Reader, click on the 'Sign Document' icon (top right), then click 'add signature'.



- 3) Be sure that you select 'Draw' at the top of the screen, and draw/sign your name using the computer mouse. When you are done click 'Apply'.



- 3) Drag and drop your signature in the form by placing it where you want, then clicking the computer mouse.



- 4) Save and email your completed consent form.



**STUDENT
HEALTH CENTRE**

PO Box 4400
Fredericton, NB
Canada
E3B 5A3

Tel 506 453-4837
Fax 506 452-6087
SHC@unb.ca
www.unb.ca

Dr. A. Martin
Dr. M. Piamonte
Dr. J. Smith
Stacey Taylor, NP

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GOVERNING LAW

I hereby agree that the relationship and the resolution of any and all disputes arising therefrom between myself and the Doctor/NP (as well as his or her agents, delegates or employee), including any issues related to this agreement, shall be governed by and construed in accordance with the laws of the Province of New Brunswick and the laws of Canada applicable therein.

JURISDICTION

I hereby acknowledge that the treatment will be performed in the Province of New Brunswick and that the Courts of the Province of New Brunswick shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding or cause of action, whatsoever arising out of the treatment. I hereby agree that if I commence any such legal proceedings; I will do so only in the Province of New Brunswick and hereby irrevocably submit to the exclusive and preferential jurisdiction of the Courts of the Province of New Brunswick.

PATIENT SIGNATURE

PRINTED NAME

DATE

WITNESS SIGNATURE

PRINTED NAME

DATE
