



DAVID L. MACINTOSH SPORT MEDICINE CLINIC
 FACULTY OF PHYSICAL EDUCATION AND HEALTH
 UNIVERSITY OF TORONTO

(Chart Label)

CONSENT FORM FOR NON CANADIAN INTERNATIONAL PATIENTS

GOVERNING LAW

I hereby agree that the relationship and the resolution of any and all disputes arising therefrom between myself and the University of Toronto David L. MacIntosh Sport Medicine Clinic physicians, chiropractor, and therapists (as well as his or her agents, delegates, or employees) including any issues related to this Agreement, shall be governed by and construed in accordance with the laws of the Province or Territory of Ontario and the laws of Canada applicable therein.

JURISDICTION

I hereby agree that the treatment will be performed in the Province or Territory of Ontario and that the Courts of the Province or Territory of Ontario 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 or Territory of Ontario, and hereby irrevocably submit to the exclusive and preferential jurisdiction of the Courts of the Province or Territory of Ontario.

Patient's Signature _____ Witness Signature _____

Printed Name _____ Printed Name _____

Date _____ Date _____

