



Travel Medicine & Vaccination Centre

Vancouver ♦ Victoria ♦ Kelowna ♦ Surrey ♦ Coquitlam ♦ North Vancouver ♦ Revelstoke ♦ Salmon Arm ♦ Salt Spring Is.

CONSENT FOR U.S. & FOREIGN RESIDENTS

This consent form is directed to United States residents and other foreign residents who request and receive treatment/service provided by the medical staff of the Travel Medicine & Vaccination Centre (TMVC Travel Medicine & Vaccination Centre Inc.).

This is to ensure that any resultant legal action will be brought in Canada, not in the United States or elsewhere.

Governing Law

I, (please print name) _____, agree that the relationship between myself and Doctor/Nurse _____ shall be governed by and construed in accordance with the laws of the Province of British Columbia.

Jurisdiction

I, (please print name) _____, acknowledge that the treatment/service was performed in the Province of British Columbia and that the courts 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 treatment.

I have read and understood the information provided in this consent form. I hereby agree that I will commence any such legal proceedings in the Province of British Columbia and only in the Province of British Columbia and hereby submit to the jurisdiction of the courts of British Columbia.

Signature

Date

For Office Use:

The attending medical personnel _____, has reviewed this document with the client to ensure that it is fully understood and all questions have been answered.

Signature: _____

Date: _____

Head Office

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