

GOVERNING LAW AND JURISDICTION AGREEMENT

GOVERNING LAW

I agree that all aspects of the relationship between

and me, including but not limited to any dental treatment/service/advice provided to me, and the resolution of any dispute arising from that relationship, including any dispute arising from this Agreement, shall be governed by and construed in accordance with the laws of the Province of Ontario, Canada.

JURISDICTION

I acknowledge that the dental treatment/service/advice I receive from

will be provided in the Province of Ontario, Canada and that the courts of the Province of Ontario, Canada shall have exclusive jurisdiction over any complaint, demand, claim, proceeding or cause of action arising out of the dental treatment/service/advice or from any other aspect of my relationship with

I agree that I will pursue any such complaint, demand, claim, proceeding or cause of action in the Province of Ontario, Canada and only in the Province of Ontario, Canada and hereby submit to the jurisdiction of that Province.

Signature of Patient/Substitute Decision-Maker

Name of Patient/Substitute Decision-Maker *(print)*

Date (month/day/year)

Place (name of city/town)

Signature of Witness

Name of Witness *(print)*