# CONSENT FORM FOR MEDICAL TREATMENT IN CANADA

GOVERNING LAW

I hereby agree that the relationship and the resolution of any and all disputes arising there from between myself and the Malibu Club physicians relating to medical treatment received during the week of _____ shall be governed by and construed in accordance with the laws of the Province of British Columbia. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1953.

JURISDICTION

I hereby acknowledge that any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of any medical treatment received from the Malibu Club physicians, would be governed by the jurisdiction of the Province of British Columbia.

By signing this statement, I hereby understand and agree that if I commence any such legal proceedings, they will be limited to the exclusive jurisdiction in the Courts of the Province of British Columbia.

_____ _____

Visitor Name Visitor Signature Date

**All minors visiting Beyond Malibu must have this form signed by their parent/guardian prior to leaving for camp.**

**YOUNG LIFE SHALL NOT BE HELD LIABLE AT ANY TIME FOR LOST OR STOLEN LUGGAGE OR PERSONAL ITEMS.**

_____ _____

Parent's Signature Date Witness Signature Date

***Only required for minors*** ***Only required for minors***

_____ _____

Parent's Printed Name Witness' Printed Name