# Schedule A - Governing Law and Jurisdiction Agreement
## for midwife in private practice

This agreement ("Agreement") is entered into by and between _____ and
_____[Name of client]

_____(collectively, the "Parties").
*[Midwife in private practice]*

## Governing Law

The Parties hereby agree that:

a)  all aspects of the relationship between _____and
*[Name of client]*

_____(as well as her/his agents, delegates, employees, and any
*[Midwife in private practice]*

midwives and other independent healthcare practitioners providing medical or other healthcare and

treatment to_____, or in association with_____),
*[Name of client]*                    *[Midwife in private practice]*

including without limitation any medical or other healthcare and treatment provided to

_____, and
*[Name of client]*

b)  the resolution of any and all disputes arising from or in connection with that relationship, including any

disputes arising under or in connection with this Agreement,

shall be governed by and construed in accordance with the laws of the province or territory of _____
*[Province or territory]*

(other than conflict of laws rules) and the laws of Canada applicable therein.

## Exclusive Jurisdiction

The Parties hereby acknowledge that the medical or other healthcare and treatment received by

_____ from _____ will be provided in the
*[Name of client]*                    *[Midwife in private practice]*

province or territory of_____, and that the Courts of _____
*[Province or territory]*                    *[Province or territory]*

shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising

from or in connection with that medical or other healthcare and treatment, or from any other aspect of the relationship

between _____ and _____.
*[Name of client]*                    *[Midwife in private practice].*


Date: _____


_____
Name of client *[Please print]*

_____
Signature of client / substitute
decision-maker on behalf of client


Date: _____


_____
Name of midwife in private practice [Please print]

_____
Signature of midwife in private practice