

**OPT IN FORM**

To: **Restigouche Hospital Centre Class Action**

By Email: **info@RestigoucheHospitalCentreClassAction.ca**

or By Mail: **NWQ Claims Administrator  
P.O. Box 3355  
London, ON N6A 4K3**

This is **NOT** a claim form. This form must be completed by any Class Member residing outside of New Brunswick who wishes to be a part of the Class Action. If you are a Class Member living in New Brunswick, you do not need to complete this form.

Court File No. MC/76/2021

**DARRELL TIDD AS LITIGATION GUARDIAN of DEVAN TIDD and REID SMITH as  
LITIGATION GUARDIAN OF AARON SMITH**

**Plaintiffs**

- and -

**PROVINCE OF NEW BRUNSWICK and REGIONAL HEALTH AUTHORITY A C/O  
VITALITÉ HEALTH NETWORK**

**Defendants**

By signing this form, you represent, warrant and agree:

- (a) That you have read the Court-Approved Legal Notice and confirm that you wish to opt-in (be included) in the Class Action;
- (b) That you have read and understand the terms of the proposed Settlement Agreement and agree to be bound by its terms;
- (c) In the event the proposed Settlement Agreement is not approved, that you agree to be bound by the outcome of this case;
- (d) That by opting in, you give up your right to pursue your own independent claims in relation to the issues raised in this action.

DATE: \_\_\_\_\_

NAME OF CLASS MEMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF CLASS MEMBER OPTING IN OR  
SUBSTITUTE DECISION-MAKER (IF APPLICABLE)

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
NAME OF WITNESS

\_\_\_\_\_  
NAME OF SUBSTITUTE DECISION-MAKER  
(IF APPLICABLE)

To Opt In, this form must be sent to the Administrator no later than August 25, 2023.