

Acknowledgements for Patient & Caregivers

Please initial next to each acknowledgment below then sign and date the bottom of the form

I attest that I will not engage in the diversion of marijuana. I understand that fraudulent distribution or resale of medical marijuana is a felony punishable by up to 5 years in prison.

I understand that my registration card only allows me to possess and use marijuana for medical purposes within Massachusetts.

I understand marijuana has not been analyzed or approved by the FDA, including marijuana produced by Sanctuary Medicinals.

I understand there is limited information on the side effects of marijuana, including marijuana produced by Sanctuary Medicinals.

I understand there may be health risks associated with using marijuana, including marijuana produced by Sanctuary Medicinals.

I understand marijuana, including marijuana produced by Sanctuary Medicinals, should be kept away from children.

I understand that when under the influence of marijuana, driving is prohibited by M.G.L. c. 90, s. 24, and machinery should not be operated.

I understand I may not distribute medical marijuana to any other individual, and must return unused, excess, or contaminated product(s) purchased at Sanctuary Medicinals to Sanctuary Medicinals dispensary for disposal.

I agree at all times to abide by Massachusetts law in regards to my use of medical marijuana, and hereby release and waive all claims against Sanctuary Medicinals from any and all liability related to my use of medical marijuana.

I agree not to bring any weapons or anything that can be used as a weapon into Sanctuary Medicinals facilities.

I agree to the use of medical marijuana in a way that does not endanger the health and well being of any person.

I understand that Sanctuary Medicinals may refuse to dispense medical marijuana to me if, in the opinion of the dispensary agent, the public or myself may be placed at risk by so doing.

I have received the Sanctuary Medicinals patient handbook.

Patient/Caregiver Name (Please Print)

Patient/Caregiver Signature

Date