



QUALIFYING PATIENT AND DESIGNATED CAREGIVER WAIVER

The enclosed waiver constitutes a Declaration regarding **Registered Qualifying Patients** and **Designated Caregivers** services on behalf of the therapeutic use of **cannabis** by individuals in the state of New Hampshire.

The purpose of Chapter He-C 400 is to implement the New Hampshire Therapeutic Cannabis Program. All terms in "**bold face**" within this Declaration shall be construed consistent with He-C 400 and shall be interpreted as defined therein.

Registered Qualifying Patient or Designated Caregiver acknowledges the following:

Sanctuary Alternative Treatment Center, Inc. ("Sanctuary ATC") is operating under Chapter He-C 400 as an Alternative Treatment Center ONLY.

Sanctuary ATC has indicated a warning that:

1. CANNABIS HAS NOT BEEN ANALYZED OR APPROVED BY THE FDA.
2. THERE IS LIMITED INFORMATION ON SIDE EFFECTS OF CANNABIS.
3. THERE MAY BE HEALTH RISKS ASSOCIATED WITH USING CANNABIS.
4. CANNABIS SHOULD BE KEPT AWAY FROM CHILDREN.

Sanctuary ATC has indicated a warning that when under the influence of **cannabis**, driving is prohibited by law, and machinery should not be operated.

Sanctuary ATC makes NO representation as to the safety of any **cannabis** obtained within.

Sanctuary ATC has indicated that the use of any **cannabis** obtained at Sanctuary ATC is at one's own risk.

Registered Qualifying Patient or **Designated Caregiver** agrees to hold harmless and indemnify Sanctuary ATC for any possible damages or losses.

Registered Qualifying Patient or **Designated Caregiver** agrees that Sanctuary ATC shall not be named in any lawsuit arising from its dispensation of **cannabis**.

Registered Qualifying Patient or **Designated Caregiver** understands and assumes the risk of all potential harms that could be caused by **cannabis** including but not limited to: low blood pressure; lightheadedness, fainting, loss of balance, drowsiness including any injuries associated therewith; demotivation; increased appetite and weight gain; slower reflexes or other cognitive obstructions; aggravation of pre-existing mental or physical disorders; and addiction.

Registered Qualifying Patient or **Designated Caregiver** agrees to comply with all statutes, ordinances, and rules related to use of **cannabis**, including those established in New Hampshire Constitution, New Hampshire Statutes, and New Hampshire DHHS.

Registered Qualifying Patient or **Designated Caregiver** understands under New Hampshire law, the **Registration Card** only protects him or her from arrest for possessing limited amounts of **cannabis** in New Hampshire. In states outside of New Hampshire, please consult an attorney in that state to learn about any applicable restrictions.

POSSESSING AND USING CANNABIS IN ANY FORM IS A FEDERAL CRIME.
YOUR RISK OF FEDERAL PROSECUTION INCREASES ON FEDERAL LAND, WHICH
INCLUDES NATIONAL PARKS, AND FEDERALLY SUBSIDIZED HOUSING.

Sanctuary ATC does not hold out itself to the public within this state as being able to diagnose, treat, prescribe for, or prevent any human disease, ailment, pain, injury, or condition.

Sanctuary ATC does not suggest, recommend, prescribe, or administer any form of treatment, operation, or healing for the intended palliation, relief, or cure of any physical or mental disease, ailment, injury, or condition.

Sanctuary ATC does not maintain an office for the purpose of examining or treating persons afflicted with disease, injury, or defect of body or mind.

I attest and affirm under penalty of perjury that I have read and understand the above statements.

Patient/Caregiver Name

Patient/Caregiver Signature

Date

Mailing Address

Address Line 2

City/Town/State

ZIP