



Healthy Pharms Inc.
401 East Main St, Georgetown, MA 01833
98 Winthrop Street, Cambridge, MA 02138

NEW MEMBER REGISTRATION FORM

Name

Patient Information

Mailing Address

First

M.I.

Address line 1

Last

Address line 2

Home Phone #

Cell Phone / Other #

City/Town

Zip code

State

Email Address

Preferred Contact Method

Home Phone Cell Phone Email Text

Massachusetts Patient Registration Number

Driver's License Number

Expiration Date ____/____/____

Expiration Date ____/____/____

Date of Birth ____/____/____

Financial Hardship Program

Would you like to be evaluated for HPI's Financial Hardship Program? Yes No

Caregiver Information (if applicable)

Name

Mailing Address

First

M.I.

Address line 1

Last

Address line 2

Home Phone #

Cell Phone / Other #

City/Town

Zip code

State

It is recommended that patients begin with the smallest dose possible and adjust dosing accordingly. For information regarding tolerance of marijuana, dependence and withdrawal, please visit: <http://www.dependency.net/learn/marijuana/>. For information regarding substance abuse signs and symptoms, please visit: http://www.helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm. Registered qualifying patients may not distribute marijuana to any other individual. All unused, excess, or contaminated product must be returned to the Healthy Pharms location from which the product was purchased for proper disposal.

ACKNOWLEDGMENTS

Please read, sign, and date in the space provided below.

The undersigned Registered Qualifying Patient or Personal Caregiver acknowledges that Healthy Pharms, Inc. ("Healthy Pharms") is operating under 105 CMR 725.000 as a Registered Marijuana Dispensary ONLY.

All bolded terms within this waiver shall be construed consistent with 105 CMR 725.000 and shall be interpreted as defined therein.

Healthy Pharms has provided the undersigned with statements and warnings explaining that:

- **MARIJUANA HAS NOT BEEN ANALYZED OR APPROVED BY THE FDA.**
- **THERE IS LIMITED INFORMATION ON SIDE EFFECTS OF MARIJUANA.**
- **THERE MAY BE HEALTH RISKS ASSOCIATED WITH USING MARIJUANA.**
- **MARIJUANA SHOULD BE KEPT AWAY FROM CHILDREN.**

I, the undersigned, acknowledge that I am not to divert or assist in the diversion of marijuana and that I understand fraudulent distribution or resale of medical marijuana is a felony punishable by up to 5 years in prison. I understand that I may not, and agree that I shall not, distribute marijuana to any other individual, and must return unused, excess, or contaminated product(s) purchased at Healthy Pharms, Inc. to a Healthy Pharms, Inc. dispensary for disposal.

I, the undersigned, acknowledge that I have not received a hardship cultivation registration from the Department of Public Health and I understand that my medical marijuana patient registration card only allows me to possess and use marijuana within the Commonwealth of Massachusetts, and only for medical purposes.

I, the undersigned, understands and acknowledges that possessing and using marijuana in any form is a federal crime. The risk of federal prosecution increases on federal land, which includes national parks, and federally subsidized housing.

I, the undersigned, understand that marijuana has not been approved by the FDA, including marijuana produced by Healthy Pharms, Inc. I understand that information on the side effects of marijuana, including marijuana produced by Healthy Pharms, Inc., is limited. I understand that the use of marijuana may be associated with health risks, that Healthy Pharms makes NO representations as to the safety of any marijuana obtained within, and that the use of any marijuana obtained at Healthy Pharms is at one's own risk, understanding and assuming all risks, including but not limited to: low blood pressure; lightheadedness, fainting, loss of balance, drowsiness including any injuries associated there with; demotivation; increased appetite and weight gain; slower reflexes or other cognitive obstructions; aggravation of pre-existing mental or physical disorders; and addiction.

I, the undersigned, understand and acknowledge that Healthy Pharms makes no representation that it is able to, and does not hold out itself to the public within the Commonwealth as being able to, diagnose, treat, prescribe for, or prevent any human disease, ailment, pain, injury, or condition and that Healthy Pharms does not recommend, suggest, prescribe, or administer any form of treatment or procedure for the intended relief or cure of any human disease, ailment, pain, injury, or condition.

I, the undersigned, understand and acknowledge that Healthy Pharms does not maintain an office for the purpose of examining or treating injured persons or persons suffering from disease or illness.

I, the undersigned, acknowledge that it is my responsibility to properly store and keep any marijuana obtained through the Massachusetts Medical Marijuana Program via Healthy Pharms, Inc. in such a way as to be inaccessible to children and I agree not to use medical marijuana in a way that endangers the health and well-being of any person.

I, the undersigned, acknowledge that driving while under the influence of marijuana is strictly prohibited by Massachusetts law M.G.L. c. 90, s. 24, that machinery should not be operated while under the influence, and I agree not to drive or operate machinery while under the influence.

I, the undersigned, agree at all time to abide by all Massachusetts statutes, ordinances, and rules related to use of marijuana, including those established by the Massachusetts Department of Public Health and hereby release and waive all claims against Healthy Pharms, Inc. from any and all liability related to my use of medical marijuana.

I, the undersigned, agree to hold harmless and indemnify Healthy Pharms for any possible damages or losses and that Healthy Pharms shall not be named in any lawsuit arising from its dispensation of marijuana.

I, the undersigned, agree not to bring any weapons or anything that can be used as a weapon into Healthy Pharms, Inc. facilities and acknowledge and understand that Healthy Pharms, Inc. may refuse to dispense medical marijuana to me if in the opinion of the dispensary agent, the public or myself will be placed at risk by so doing. In this event I understand that my certifying physician will be notified within 24 hours.

I, the undersigned, understand and acknowledges that, under Massachusetts law, the Registration Card only protects him or her from arrest for possessing limited amounts of marijuana in Commonwealth of Massachusetts. In states outside of Massachusetts, please consult an attorney in that state to learn about any applicable restrictions.

I, the undersigned, acknowledge that I have been provided with the Healthy Pharms, Inc. patient handbook and hereby authorize Healthy Pharms, Inc. to provide my information to other Healthy Pharms, Inc. facilities.

_____ / / _____
Print Name

_____ / / _____
Sign Name

_____ / / _____
Date