



NEW MEMBER REGISTRATION FORM

Healthy Pharms, Inc.
401 East Main Street
Georgetown, MA
01833

Patient Information

Name

First

Last

Phone Numbers

Home

Cell/Other

Massachusetts Patient Registration Number

Exp. Date

Date of Birth

Mailing Address

Address Line 1

Address Line 2

City/Town

ZIP

Email Address

Preferred Contact Method

___ Home Phone

___ Email

___ Cell Phone

___ Text

Hardship Program

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

Caregiver Information (if applicable)

Name

First

Last

Phone Numbers

Home

Cell/Other

Mailing Address

Address Line 1

Address Line 2

City/Town

ZIP

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 initial next to each acknowledgment below as well as sign and date the form.

_____ I agree not to divert or assist 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 have not received a hardship cultivation registration from the Department of Public Health.

_____ 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 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 marijuana should be stored and kept in such a way as to be inaccessible to children, and I agree to properly store marijuana purchased at Healthy Pharms, Inc.'s facility.

_____ I understand that the use of marijuana may be associated with health risks.

_____ I understand that driving while under the influence of marijuana is prohibited by 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 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 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 Healthy Pharms, Inc. from any and all liability related to my use of medical marijuana.

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

_____ I agree not to bring any weapons or anything that can be used as a weapon into Healthy Pharms, Inc. facilities.

_____ I 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 have been provided with the Healthy Pharms, Inc. patient handbook.

_____ I authorize Healthy Pharms, Inc. to provide my information to other Healthy Pharms, Inc. facilities.

Print Name

Sign Name

Date

QUALIFYING PATIENT AND PERSONAL CAREGIVER WAIVER



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.**
- The undersigned has been provided a warning that driving under the influence of marijuana is prohibited by Massachusetts law, including M.G.L. c.90, s. 24, and machinery should not be operated while under the influence.
- The undersigned understands and acknowledges that Healthy Pharms makes NO representations as to the safety of any marijuana obtained within.
- The undersigned understands and acknowledges, and Healthy Pharms has indicated, that the use of any marijuana obtained at Healthy Pharms is at one's own risk.
- The undersigned agrees to hold harmless and indemnify Healthy Pharms for any possible damages or losses.
- The undersigned agrees that Healthy Pharms shall not be named in any lawsuit arising from its dispensation of marijuana.
- The undersigned understands and assumes the risk of all potential harms that could be caused by marijuana, 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.
- The undersigned agrees to comply with all statutes, ordinances, and rules related to use of marijuana, including those established by the Massachusetts Department of Public Health.
- The undersigned understands and acknowledges that, under Massachusetts law, the Registration Card only protects him or her from arrest for possessing limited amounts of marijuana in the Commonwealth of Massachusetts. In states outside of Massachusetts, please consult an attorney in that state to learn about any applicable restrictions.

- 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.
- The undersigned understands and acknowledges 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.
- The undersigned understands and acknowledges that Healthy Pharms does not recommend, suggest, prescribe, or administer any form of treatment or procedure for the intended relief or cure of any injury, disease, ailment, or condition.
- The undersigned understands and acknowledges 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, swear and affirm under penalty of perjury that I have read and understand the above statements.

Print Name

Sign Name

Date

Mailing Address

Address

City/Town/State

ZIP