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PATIENT/CAREGIVER REGISTRATION FORM

Name _____ D/O/B _____
Address _____
E-mail Address _____
Home Phone # _____ Cell Phone # _____
MA Patient/Caregiver Registration # _____ Expiration Date _____
Would you like to receive promotional SMS messages? Yes No
Would you like to be added to our emailing list? Yes No

ACKNOWLEDGEMENTS

I attest and understand:

- ❖ That marijuana has not been analyzed or approved by the FDA.
- ❖ There is limited information on the side effects associated with marijuana use.
- ❖ There may be health risks associated with consuming marijuana and marijuana infused products.
- ❖ Marijuana and marijuana infused products should be kept away from children.
- ❖ When under the influence of marijuana diving is prohibited by M.G.L. c.90, s.24 and machinery should not be operated.
- ❖ I may not distribute marijuana to any other individual and must return unused, excess, or contaminated product to MAC for disposal.
- ❖ MAC may refuse to dispense to me, in the opinion of the dispensary agent, by doing so may present a risk to myself or the public. In this event, I understand that my physician may be notified within 24 hours.
- ❖ To abide by Massachusetts law and release all claims against MAC from any liability related to marijuana use.
- ❖ I have received the MAC patient handbook.

Signature _____ Date _____