



Patient Information

Name

FIRST

LAST

Mailing Address

Phone Numbers

ADDRESS LINE 1

HOME

ADDRESS LINE 2

MOBILE

CITY/TOWN ZIP CODE

OTHER (OPTIONAL)

Registration Information

Additional Information

NH PATIENT REGISTRATION NUMBER

EMAIL ADDRESS

/ /

/ /

EXPIRATION DATE (MM/DD/YYYY)

DATE OF BIRTH (MM/DD/YYYY)

Preferred method of contact: HOME # MOBILE # EMAIL TEXT

Patient Questions (Please check the appropriate box)

Do you wish to participate in our annual patient surveys? YES NO

Do you wish to subscribe to our newsletter for updates? YES NO





Acknowledgements

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

▶ I ATTEST THAT I WILL NOT ENGAGE IN THE DIVERSION OF CANNABIS. I UNDERSTAND THAT FRAUDULENT DISTRIBUTION OR RESALE OF THERAPEUTIC CANNABIS IS A CLASS B FELONY. _____

▶ I UNDERSTAND THAT MY REGISTRATION CARD DOES NOT ALLOW ME TO CULTIVATE CANNABIS FOR ANY PURPOSE. _____

▶ I UNDERSTAND THAT MY REGISTRATION CARD ONLY ALLOWS ME TO POSSESS AND USE CANNABIS FOR THERAPEUTIC PURPOSES WITHIN NEW HAMPSHIRE. _____

▶ I UNDERSTAND THAT I MAY NOT POSSESS, BETWEEN MYSELF AND MY DESIGNATED CAREGIVER, MORE THAN TWO OUNCES OF USABLE CANNABIS. _____

▶ I UNDERSTAND THAT I MAY ONLY USE THERAPEUTIC CANNABIS FOR THE PURPOSE OF TREATING OR ALLEVIATING MY QUALIFYING MEDICAL CONDITION, AS DEFINED IN RSA 126-X:1, IX OR SYMPTOMS OR EFFECTS OF THE TREATMENT ASSOCIATED WITH MY QUALIFYING MEDICAL CONDITION. _____

▶ I UNDERSTAND CANNABIS HAS NOT BEEN ANALYZED OR APPROVED BY THE FDA, INCLUDING CANNABIS AND CANNABIS PRODUCTS PRODUCED AND DISPENSED BY TEMESCAL WELLNESS, INC. _____

▶ I UNDERSTAND THERE IS LIMITED INFORMATION ON THE SIDE EFFECTS OF CANNABIS, INCLUDING CANNABIS AND CANNABIS PRODUCTS PRODUCED AND DISPENSED BY TEMESCAL WELLNESS, INC. _____

▶ I UNDERSTAND THERE MAY BE HEALTH RISKS ASSOCIATED WITH USING CANNABIS, INCLUDING CANNABIS AND CANNABIS PRODUCTS PRODUCED AND DISPENSED BY TEMESCAL WELLNESS, INC. _____

▶ I UNDERSTAND CANNABIS SHOULD BE KEPT AWAY FROM CHILDREN AND STORED IN A LOCKED BOX AT HOME. _____

▶ I UNDERSTAND CANNABIS SHOULD BE TRANSPORTED IN A LOCKED CONTAINER IN THE CARGO PORTION OF A VEHICLE. _____



Acknowledgements (continued)

Please ***initial*** next to each acknowledgment below as well as sign and date the form:

▶ I UNDERSTAND THAT I MAY NOT BE IN POSSESSION OF THERAPEUTIC CANNABIS IN ANY OF THE FOLLOWING LOCATIONS:

- (1) THE BUILDING AND GROUNDS OF ANY PRESCHOOL, ELEMENTARY, OR SECONDARY SCHOOL, WHICH ARE LOCATED IN AN AREA DESIGNATED AS A DRUG FREE ZONE;
- (2) A PLACE OF EMPLOYMENT, WITHOUT THE WRITTEN PERMISSION OF THE EMPLOYER; (3) ANY CORRECTIONAL FACILITY;
- (4) ANY PUBLIC RECREATION CENTER OR YOUTH CENTER; OR
- (5) ANY LAW ENFORCEMENT FACILITY.

▶ I UNDERSTAND THAT I MAY NOT SMOKE OR VAPORIZE THERAPEUTIC CANNABIS IN ANY PUBLIC PLACE, INCLUDING A PUBLIC BUS OR OTHER PUBLIC VEHICLE, OR ANY PUBLIC PARK, PUBLIC BEACH, OR PUBLIC FIELD.

▶ I UNDERSTAND THAT IF I AM FOUND TO BE IN POSSESSION OF THERAPEUTIC CANNABIS OUTSIDE OF MY HOME AND I AM NOT IN POSSESSION OF MY REGISTRY IDENTIFICATION CARD, I MAY BE SUBJECT TO A FINE OF UP TO \$100.

▶ I UNDERSTAND THAT ANY PERSON(S) WHO MAKES A FRAUDULENT REPRESENTATION TO A LAW ENFORCEMENT OFFICIAL OF ANY FACT OR CIRCUMSTANCE RELATING TO THE THERAPEUTIC USE OF CANNABIS TO AVOID ARREST OR PROSECUTION SHALL BE GUILTY OF A VIOLATION AND MAY BE FINED \$500, WHICH SHALL BE IN ADDITION TO ANY OTHER PENALTIES THAT MAY APPLY FOR MAKING A FALSE STATEMENT TO A LAW ENFORCEMENT OFFICER OR FOR THE USE OF CANNABIS OTHER THAN USE UNDERTAKEN PURSUANT TO THIS RSA 126-X.

▶ I UNDERSTAND THAT THE PROTECTIONS CONFERRED BY RSA 126-X FOR THE THERAPEUTIC USE OF CANNABIS ARE APPLICABLE ONLY WITHIN NEW HAMPSHIRE.

▶ I UNDERSTAND THAT I MAY NOT BE UNDER THE INFLUENCE OF CANNABIS:

- (1) WHILE OPERATING A MOTOR VEHICLE, COMMERCIAL VEHICLE, BOAT, VESSEL, OR ANY OTHER VEHICLE PROPELLED OR DRAWN BY POWER OTHER THAN MUSCULAR POWER;
- (2) IN MY PLACE OF EMPLOYMENT, WITHOUT THE WRITTEN PERMISSION OF MY EMPLOYER OR
- (3) WHILE OPERATING HEAVY MACHINERY OR HANDLING DANGEROUS INSTRUMENTALITY.





Acknowledgements (continued)

Please ***initial*** next to each acknowledgment below as well as sign and date the form:

▶ I UNDERSTAND THAT WHEN UNDER THE INFLUENCE OF CANNABIS MY JUDGMENT AND COORDINATION MAY BECOME IMPAIRED. I WILL TAKE APPROPRIATE MEASURES TO ENSURE I AM SAFE FROM HARM WHEN CONSUMING CANNABIS OR CANNABIS PRODUCTS. _____

▶ I UNDERSTAND I MAY NOT DISTRIBUTE CANNABIS TO ANY OTHER INDIVIDUAL, AND MUST RETURN UNUSED, RECALLED, EXCESS, OR CONTAMINATED PRODUCT(S) PURCHASED AT TEMESCAL WELLNESS INC. TO A TEMESCAL WELLNESS INC. DISPENSARY FOR DISPOSAL. _____

▶ I AUTHORIZE MY INFORMATION TO BE SHARED BETWEEN TEMESCAL WELLNESS, INC. FACILITIES AND MY RECOMMENDING PROVIDER. _____

Agreement Signature

PRINT NAME

SIGN NAME

DATE OF SIGNATURE





Patient Waiver

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

Registered Qualifying Patient or Personal Caregiver acknowledges the following:

- ▶ TEMESCAL WELLNESS, INC. ("TWI") IS OPERATING UNDER HE-C 400 AS A REGISTERED ALTERNATIVE TREATMENT CENTER ONLY.
- ▶ TWI HAS INDICATED A WARNING THAT:
 1. THE THERAPEUTIC USE OF 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.
- ▶ TWI HAS INDICATED A WARNING THAT WHEN UNDER THE INFLUENCE OF CANNABIS, DRIVING AND OPERATING HEAVY MACHINERY IS PROHIBITED.
- ▶ TWI MAKES NO REPRESENTATION AS TO THE SAFETY OF ANY CANNABIS OBTAINED WITHIN.
- ▶ TWI HAS INDICATED THAT THE USE OF ANY CANNABIS OBTAINED AT TWI IS AT ONE'S OWN RISK.
- ▶ REGISTERED QUALIFYING PATIENT OR DESIGNATED CAREGIVER AGREES TO HOLD HARMLESS AND INDEMNIFY TWI FOR ANY POSSIBLE DAMAGES OR LOSSES.
- ▶ REGISTERED QUALIFYING PATIENT OR DESIGNATED CAREGIVER AGREES THAT TWI 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: ANXIETY; LOW/HIGH 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 THE THERAPEUTIC USE OF CANNABIS, INCLUDING THOSE ESTABLISHED IN NEW HAMPSHIRE RSX 126-X.



Patient Waiver (continued)

Registered Qualifying Patient or Personal Caregiver acknowledges the following:

- ▶ 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.
- ▶ TWI DOES NOT CLAIM TO BE ABLE TO DIAGNOSE, TREAT, PRESCRIBE FOR, OR PREVENT ANY HUMAN DISEASE, AILMENT, PAIN, INJURY, OR CONDITION.
- ▶ TWI 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.
- ▶ TWI DOES NOT MAINTAIN AN OFFICE FOR THE PURPOSE OF EXAMINING OR TREATING PERSONS AFFLICTED WITH DISEASE, INJURY, OR DEFECT OF BODY OR MIND.
- ▶ I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Agreement Signature

PRINT NAME

SIGN NAME

DATE OF SIGNATURE

