

# Patient Registration Form

PATIENT FILE #

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Welcome to Herbalcure, a legally licensed medicinal cannabis collective in Los Angeles. Please take time to fill-out the Patient Registration and the Terms and Conditions Form.

## PATIENT INFORMATION

Name: \_\_\_\_\_ Recommending Physician: \_\_\_\_\_  
Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ CA ID Used: \_\_\_\_\_  
Address: \_\_\_\_\_ Veteran: YES NO (If YES, please inform our Administrative  
City: \_\_\_\_\_ CA Zip: \_\_\_\_\_ Department and show your Veteran ID to get a discount. Thank you  
for serving our country.)

This is to certify that I am a qualified cannabis patient diagnosed with a serious illness for which cannabis provides relief and I have received a recommendation or approval from my licensed California Physician to use cannabis.

I grant permission to Herbalcure and its Farmer Affiliates to cultivate, obtain, transport and provide cannabis on my behalf as a Patient.

I understand my contributions for medicine I may acquire from Herbalcure are used to ensure continued operation and that this transaction in no way constitutes commercial promotion.

The monies I pay are to help the Collective to continue to operate, to maintain volunteers and a location and the associated costs and expenses of providing its members with medical marijuana for their medical needs.

I designate Herbalcure as my provider for medical marijuana.

I authorize Herbalcure to contact my physician and authorize my physician to verify my recommendation to the collective..

I agree that I consistently rely upon Herbalcure as my source of cannabis medicine (except such medicine as I may cultivate individually.)

This designation shall remain in effect until the expiration of my recommendation, or until I revoke my designation in writing by certified mail, return receipt request, whichever comes first.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE SIGNED

## TERMS AND CONDITIONS

Being a responsible patient is a start to give understanding to our society that Medical Marijuana is a good alternative treatment plan on serious illnesses discussed by recommending holistic physicians and other scientific studies. Members of Herbalcure are **REQUIRED** to follow the Terms and Conditions stated below to maintain membership. Any violation of the policies listed below will terminate your membership after thorough evaluation by the Management.

- 1) Patients are advised to research marijuana as medicine and consult with their corresponding doctor as to dosage and frequency of medication. **INITIAL** \_\_\_\_\_
- 2) Patients are responsible to use, not abuse, cannabis medicine. Refusal of service will be applied if Management have any indication that patient is abusing medicine. **INITIAL** \_\_\_\_\_
- 3) AS A CONDITION OF JOINING HERBALCURE COLLECTIVE AND ENTERING ITS FACILITY, AND /OR BY UTILIZING SUCH MEDICINE /HERBAL MARIJUANA AND RELATED PRODUCTS AS YOU MAY OBTAIN, YOU AND YOUR HEIRS AND THOSE WITH YOU EXPRESSLY AND FOREVER DISCLAIM THE WARRANTY OF MERCHANTABILITY AND THE WARRANT OF FITNESS FOR PARTICULAR PURPOSE. **INITIAL** \_\_\_\_\_
- 4) Any product obtained at our facility may be inspected prior to delivery purity so requires, all transactions are final. The marijuana and related products are offered solely on an "AS IS" basis with no warranty whatsoever. **INITIAL** \_\_\_\_\_
- 5) Patient understands that cannabis/marijuana may impair a person's ability to drive a vehicle or operate machinery. **INITIAL** \_\_\_\_\_
- 6) Patient understands that loitering on or around a dispensary is prohibited by Cal. Penal Code section 647(e). **INITIAL** \_\_\_\_\_
- 7) Patient understands that diversion of Marijuana of Non-Medical purposes is a violation of state law. You agree not to use the medical marijuana you obtain from this center for social or causal marijuana use, but only for the medical condition for which it was recommended by your doctor. **INITIAL** \_\_\_\_\_
- 8) Patients should leave friends, even fellow patients, at home, and NEVER in your car waiting for you. **INITIAL** \_\_\_\_\_

**11318 W. Pico Boulevard, Los Angeles, CA 90064 Tel 310.312.5215 Fax 310.312.5203**

*World Class Medicinal Collective... Simply the Best!*



**HERBALCURE**  
A MEDICINAL COLLECTIVE

www.herbalcurecorp.com

## **TERMS AND CONDITIONS(continued)**

- 9) Any member of law enforcement who is a bona fide patient must disclose the fact that he/she is a member of law enforcement. Otherwise, by entering these premises, your promise, state and affirm, under penalty of perjury under the laws of the State of California, that you are not a member of, affiliated with, nor employed by any law enforcement department, entity, or agency. **INITIAL** \_\_\_\_\_
- 10) Management reserves the right to refuse service to anybody at any time for any reason or no reason whatsoever. **INITIAL** \_\_\_\_\_
- 11) As a condition of entering Herbalcure's facility, and /or by utilizing such medicine/herbal marijuana and related products as you may obtain, you, your heirs and those with you expressly and forever waive any and all claims now known, or discovered at any time in the future due to, related to or arising from your use of marijuana or any other product /herb/food/oil/concentrate you may obtain at our facility. **INITIAL** \_\_\_\_\_
- 12) As a condition of entering our facility, and/or by utilizing such medicine/herbal marijuana and related products as you may obtain, you, your heirs and those with you expressly and forever release our dispensary, its owners, landlord, operators, managers, volunteers, agents, attorneys, growers, providers, wholesalers, officers, directors, members from and against any and all lawsuits, alter-ego lawsuits, demands, charges or claims with reference to strength, potency, purity, toxicity, appropriateness for your condition of any marijuana and related products you may obtain in our facility; further, that you knowingly waive the provisions of civil code 1542 which states in pertinent part that " A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." **INITIAL** \_\_\_\_\_
- 13) KEEP ALL MEDICINE FAR AWAY FROM CHILDREN OR ANYONE ELSE, UNDER LOCK AND KEY. ANY DEVIATION FROM THIS RULE IS DONE AT THE SOLE RISK AND RESPONSIBILITY OF THE PATIENT. **INITIAL** \_\_\_\_\_
- 14) Patient should maintain a current doctor's recommendation and residency in California to be a member. **INITIAL** \_\_\_\_\_
- 15) Patient should be 21 years old or older to be a member. **INITIAL** \_\_\_\_\_
- 16) Patients are not allowed to use cellular phones, cameras and/or other recording devices in the premises. Possession of firearm or any form of deadly weapon will automatically revoke patient's membership.. **INITIAL** \_\_\_\_\_
- 17) A patient who is severely weak, terminally-ill or disabled may have one primary caregiver. (PRIMARY CAREGIVER is a person designated by a qualified patient who has consistently assumed responsibility for the housing, health or safety of the patient as stated by the California Health and Safety Code 11362.5 [E]). **INITIAL** \_\_\_\_\_
- 18) Patient should call the Herbalcure Office if their caregiver will be coming on that day to get their medicine. Caregivers will not be able to acquire the patient's medicine if a call was not made by the patient. Management applies this rule to make sure that the caregiver policy will not be abused. **INITIAL** \_\_\_\_\_
- 19) Primary Caregivers are not allowed to medicate unless they are also qualified patients. **INITIAL** \_\_\_\_\_
- 20) Membership will be automatically cancelled if patient medicates outside the premises of the Patient Medicating Lounge, parking or public areas. **INITIAL** \_\_\_\_\_
- 21) Membership will be automatically cancelled if patient distributes his/her medication to another individual who is not a patient. **INITIAL** \_\_\_\_\_
- 22) Membership will be automatically cancelled if patient resells his/her medication to another individual whether qualified or non-qualified patient. **INITIAL** \_\_\_\_\_
- 23) Herbalcure does not give information related to cannabis, information on medicating and donation rates over the phone. Any information a patient would like to ask about their medication may be answered by our Customer Service Representatives on site in person as soon as the patient's doctor's recommendation is appropriately verified. **INITIAL** \_\_\_\_\_
- 24) Herbalcure will cancel membership of any patient that comes in the site's premises under the intoxication of alcohol and/or other illegal substances. **INITIAL** \_\_\_\_\_
- 25) Patients should respect other patients and volunteers in the establishment. **INITIAL** \_\_\_\_\_

I understand and will adhere on the terms and policies stated above. I do agree that any failure on my part to comply on these policies would mean termination of my membership at Herbalcure Collective

\_\_\_\_\_  
**SIGNATURE OF PATIENT**

\_\_\_\_\_  
**SIGNATURE OF CAREGIVER (IF APPLICABLE)**

\_\_\_\_\_  
**NAME OF PATIENT IN PRINT/ DATE SIGNED**

\_\_\_\_\_  
**NAME OF CAREGIVER IN PRINT/ DATE SIGNED**

