

STEP 1: APPLICATION FOR MEDICAL CANNABIS

SECTION 1: Applicant/Client Information

Given Name: _____ Birthdate: _____ YEAR | MONTH | DAY
Surname: _____ Gender: Male Female Unspecified

CONTACT INFORMATION (Primary residence must be in Canada. No PO box for contact info. May use below for mailing.)

Street Address: _____ Unit #: _____ Buzzer Code (Optional): _____
City/Town: _____ Province: _____ Postal Code: _____
Phone Number: _____ Fax Number: _____ Email: _____

IS THE ADDRESS ABOVE A BUSINESS OR CARE FACILITY? No Yes (If yes, state business or facility name and type of business.)

Business Name: _____ Business Type: _____

MAILING ADDRESS Check box (If same as primary residence.)

Street Address: _____ Unit #: _____ Buzzer Code (Optional): _____
City/Town: _____ Province: _____ Postal Code: _____

SHIPPING ADDRESS (Where you will receive Emerald Health Therapeutics Canada Inc. products.) Check appropriate box below.

SAME AS RESIDENTIAL SAME AS MAILING SHIP TO DOCTOR (Fill and submit an additional form found at emeraldhealth.ca/registernow.)
 CHECK BOX ONLY IF AN INDIVIDUAL RESPONSIBLE (OR FAMILY MEMBER) WILL BE MAKING DECISIONS/PLACING OR ASSISTING WITH ORDERS ON YOUR BEHALF **IMPORTANT** *If yes, fill out caregiver information form found at emeraldhealth.ca/registernow and submit together with this application form.*

I am interested in participating in a clinical study with Emerald Health Therapeutics.

ONLY if you are using a Registration Certificate issued by the Minister of Health (Part 2 of the ACMPR) rather than a Medical Document, check box.

I am registering for the purpose of obtaining an interim supply of Dried Cannabis or Cannabis Oil from Emerald Health Therapeutics Canada Inc.
 I am submitting a copy of my Registration Certificate.

SECTION 2: Certification Information

Whether you are the Applicant or the Individual Responsible for the Applicant, you need to sign this application form certifying that:

» The Applicant ordinarily resides in Canada. » The information in this application and the accompanying Medical Document or Registration Certificate issued by the Minister under Part 2 is correct and complete. » The Medical Document or Registration Certificate is not being used to seek or obtain fresh or dried marihuana or cannabis oil from another source. » The original of the Medical Document, or a copy of the Registration Certificate, accompanies this application. » The Applicant will use fresh or dried marihuana or cannabis oil only for their own medical purposes. » The Applicant consents to the healthcare practitioner named in the accompanying Medical Document disclosing required personal health information to Emerald Health Therapeutics Canada Inc. for the purposes of complying with the requirements of the Access to Cannabis for Medical Purposes Regulations. » The Applicant (or Individual Responsible) acknowledges that he / she has read and agrees to Emerald Health Therapeutics Canada Inc.'s Terms & Conditions and Privacy Policy, available at www.emeraldhealth.ca. The Applicant (or Individual Responsible) further acknowledges that medical marihuana or cannabis oil is not approved for use as a pharmaceutical drug in Canada, and that its indications, safety and risks have not been adequately studied and the appropriate dosage is not clear. The Applicant (or Individual Responsible) acknowledges and agrees that he / she is using any medical marihuana or cannabis oil obtained from Emerald Health Therapeutics Canada Inc. at his / her own risk and releases Emerald Health Therapeutics Canada Inc. from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical marihuana or cannabis oil obtained from Emerald Health Therapeutics Canada Inc. » The Applicant authorizes Emerald Health Therapeutics Canada Inc. to send emails as part of the relationship (note: this is required to order online). » Emerald Health Therapeutics Canada Inc. makes no representations and gives no warranties or conditions, whether express, implied, statutory, or otherwise, including, without limitation, any warranties or conditions of merchantability, merchantable quality, durability, or fitness for a particular purpose, all of which are hereby disclaimed. Emerald Health Therapeutics Canada Inc. takes its products very seriously, as well as its obligations under the ACMPR to investigate all customer complaints. If at any time you have an issue with your Emerald Health Therapeutics Canada Inc. medical marihuana or cannabis oil, we encourage you to contact us.

IMPORTANT

Applicant (or individual responsible for Applicant) must SIGN, Print Name and Date Below.

NOTE: Individual responsible for the Applicant must complete caregiver form and sign and date the attestation indicating you are responsible for the Applicant.

Applicant or Individual WHO IS Responsible for Applicant

▼ Signature

X _____

▼ Print Name Below

▼ Date Signed

YEAR | MONTH | DAY

In compliance with ACMPR Section 129-142 and QA_011 Client Registration. **MAIL, EMAIL OR FAX THIS APPLICATION FORM TO:**
EMERALD HEALTH THERAPEUTICS CANADA INC. 310-777 Royal Oak Drive, PO Box 24076, Victoria, BC V8X 4V1 Canada.

For the fillable form PDFs, please visit emeraldhealth.ca/registernow.

NOTE: Your **doctor's office may fax** the original **Medical Document** (and application) to 1.855.623.3325

www.emeraldhealth.ca
clients@emeraldhealth.ca
Toll Free: 1.800.757.3536
Fax: 1.855.623.3325