

## **Release of Liability**

I understand that I must be a California State resident to obtain an approval or recommendation for the use of cannabis (medical marijuana) under California's Compassionate Use Act of 1996 (Health & Safety Code #11362.5).

I affirm that I have a serious medical condition that adversely affects my quality of life. I have found or am interested in finding whether cannabis (medical marijuana) provides substantial relief and improvement in my condition.

I understand that the cannabis plant is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities and/or contaminants. In requesting an approval or recommendation for the use of this plant as medication I assume full responsibility for any and all risks of this action.

I am advised that the cannabis (medical marijuana) smoke contains chemicals known as tars that may be harmful to my health. Research indicates that vaporizing cannabis may eliminate exposure to tar. Should respiratory problems be experienced in association with its use, smoking should be discontinued and reported to the physician. I am advised to consider other methods of administration if respiratory problems develop.

I am advised that the use of cannabis (medical marijuana) may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. I assume full responsibility for any harm resulting to me and/or other individuals as a result of my use of cannabis. I am advised that familiarity with the potency and effects of any particular cannabis (medical marijuana) should precede my engagement in any hazardous activities.

California's Compassionate Use Act of 1996, (Health & Safety Code #11362.5), provides for the possession and cultivation of cannabis (medical marijuana) for the personal medical purposes of the patient with a physician approval or recommendation. The physician, staff and representatives of this practice are neither providing cannabis, nor are they encouraging any illegal activity in my obtaining cannabis (medical marijuana).

I, the undersigned, hereby request a consultation by the physician for purposes of determining the appropriateness of medicinal cannabis treatment. There are no claims about the medical efficacy of cannabis.

The physician, staff, and representatives are addressing specific aspects of my medical care, and, unless otherwise stated are in no way establishing themselves as primary care provider. Should an approval be made for my medicinal use of cannabis I understand that there is a renewal date specified by the physician. I understand that it is my responsibility to see the physician to assess the possible continuance of cannabis use beyond the term of the approval. Furthermore, the undersigned, my heirs, assigns, or anyone acting on my behalf, hold the physician and his/her principals, agents, and employees, free of and harmless from any liability resulting from the use of cannabis.

I further understand that by signing below, I am authorizing the release of any part of this record, except for identifying information, for use in data analysis of cannabis treated patients.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Patient

Witness \_\_\_\_\_