

Delta 9 Collective Membership Agreement

By signing this membership agreement you agree that you are responsible for following these guidelines. If you do not follow these guidelines you will be terminated from membership and we will refuse you service.

You agree that you will only use marijuana as a medicine, that you will not abuse it, transfer it or sell it to anyone else and that you will keep it in a safe place out of the reach of children. You are advised to consult with your doctor as to the dosage and frequency of the medication.

All transactions for product obtained at our facility are final. There are no refunds.

You understand that marijuana may impair your ability to drive and operate machinery and that you should not drive after using marijuana.

When you have completed your transaction, you agree not to loiter on the premises.

You agree to arrive alone and leave alone.

You agree not to divert marijuana for non-medical purposes under any circumstance.

Any member of law enforcement who is a patient must disclose this fact before signing this membership agreement and becoming a member of this collective. Otherwise, by entering these premises, you 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, or employed by any law enforcement department, entity or agency.

Delta 9 Collective reserves the right to refuse service to anyone at any time at their discretion and may terminate membership at their discretion.

Delta 9 Collective reserves the right to inspect all bags and packages entering the facility. All packages and bags must remain in the lobby or in your car.

You may not use a cell phone while on the premises.

You agree to allow the collective to grow medical marijuana on your behalf.

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, employees, agents, attorneys, growers, providers, wholesalers, officers, directors and members from and against any and all lawsuits, alter-ego lawsuits, demands, charges or claims with reference to the strength, potency, purity, toxicity, appropriateness for your condition of any marijuana and related products you may obtain at our facility; further, that you knowingly waive the provisions of Civil Code Section 1542 which states in pertinent part that "A general release does not extend to 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."

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 waive any and all claims now known, or discovered at any time in the future due to, related to or arising from your storage or handling of marijuana or any other product/herb/food/oil/concentrate you may obtain at our facility. KEEP ALL MEDICINE FAR, 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.

You agree that as a Patient Member Delta 9 Collective to abide by these rules and regulations.

I have read and agree to the above rules and regulations.

1. I have been diagnosed with a medical condition for which cannabis/marijuana provides relief and I have received a recommendation or approval from my licensed California physician to use cannabis.
2. I understand my contributions for medicine I may acquire from Delta 9 Collective are used to ensure continued operation and that this transaction in no way constitutes commercial promotion.
3. The monies I pay are to help Delta 9 Collective to continue to operate, to maintain employees and a location and the associated costs and expenses of providing its members with medicinal marijuana for their medical needs.
4. The Delta 9 Collective may cultivate, obtain, transport and possess cannabis on my behalf.
5. I designate Delta 9 Collective as my provider for medical marijuana.

Signature:

Date:

Delta 9 Collective Patient Information Sheet

Patient received by: _____

Physician Contacted by: _____

Verified _____ Not Verified: _____

Date _____ Time: _____

Patients Information

Last Name: _____

First Name: _____

Home Address: _____

Date of Birth: _____

CA Drivers License/ ID Card #: _____

Exp. Date: _____

E-mail Address: _____

Send Me Emails []

Cell Phone: _____

Send Me Texts []

Prescribing Physicians Information

Physician's Name: _____

Address: _____

Phone Number: _____

Date of Last Visit: _____ Date of Next Visit: _____

Medical Release

I hereby authorize my treating Physician, as required by State and Federal Laws including HIPPA regulations, to release my medical information concerning my diagnosis, condition, and/or prescription to the Delta 9 Compassionate Caregivers and its duly authorized representatives.

Patient's Signature: _____ Date: _____