



DESIGNATED CAREGIVER CONTACT INFORMATION

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Phone Number

Street Address

City

State

Zipcode

NEW HAMPSHIRE TCP DESIGNATED CAREGIVER INFORMATION

New Hampshire Caregiver Registration Number

Exp. Date (MM/DD/YYYY)

Email Address

@

Yes, I would like to receive important information and updates directly.

PATIENT CONTACT & REGISTRY INFORMATION

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Phone Number

Street Address

City

State

Zipcode

New Hampshire Patient Registration Number

Exp. Date (MM/DD/YYYY)

Temescal Wellness provides qualifying guests with a variety of high-quality cannabis products and education in strict compliance with state and local rules and regulations. We are proud to cultivate, manufacture and dispense cannabis products in the state of NH.

What You Are Required To Know:

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 I may not possess more than 2 ounces of usable cannabis per patient. _____
- 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. _____
- I understand that when under the influence of cannabis, driving and operating heavy machinery is prohibited. _____
- 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. _____

What You Are Required To Know (Continued):

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

- I understand that as a designated caregiver I am not permitted to use therapeutic cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so. _____
- I understand that as a designated caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X. _____
- 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 in the event of my Qualifying Patient's death, I will, within five days of his or her death: _____
 1. Notify the program of his or her death and
 2. Either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA I-X:2, XIV.
- I authorize my information to be shared between Temescal Wellness, Inc. facilities. _____

I have read and understand the above rules and disclaimers:

Print Name

Signature

_____/_____/_____
Date

Temescal Wellness of NH: Designated Caregiver Waiver

Please review the following disclosures and provide your signature below

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

Designated 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 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 understand 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 126-X.

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.

Continued...

Designated Caregiver Waiver (Continued)

Please review the following disclosures and provide your signature below

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.

I have read and acknowledge the previous statements

Print Name

Signature

_____/_____/_____
Date