

PATIENT CONTACT INFORMATION

 First Name

 Last Name

_____ / _____ / _____
 Date of Birth (MM/DD/YYYY)

(_____) _____ - _____
 Phone Number

 Street Address

_____ City _____ State _____ Zip Code

NH PATIENT REGISTRY INFORMATION

 New Hampshire Patient Registration Number

_____ / _____ / _____
 Exp. Date (MM/DD/YYYY)

_____ @ _____
 Email Address

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

REGISTERED CAREGIVER INFORMATION

 Caregiver Registration Number

_____ / _____ / _____
 Exp. Date (MM/DD/YYYY)

 Caregiver First Name

 Caregiver Last Name

_____ / _____ / _____
 Caregiver Date of Birth (MM/DD/YYYY)

(_____) _____ - _____
 Caregiver Phone Number

 Street Address

_____ City _____ State _____ Zip Code

PROVIDER INFORMATION **OPTIONAL**

 Provider Name

(_____) _____ - _____
 Provider Phone Number

 Provider Address

Please note that this section is optional.

Temescal Wellness provides qualifying patients 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 and shall result in the revocation of one's registry identification card.. _____
- I understand that my registration card does not allow me to cultivate cannabis for any purpose. _____
- I understand that my registration card only allows me to possess and use cannabis for therapeutic purposes within New Hampshire. _____
- I understand that I may not possess, between myself and my designated caregiver, more than two ounces of usable cannabis. _____
- I understand that I may only use therapeutic cannabis for the purpose of treating or alleviating my qualifying medical condition, as defined in RSA 26-X: L, IX or symptoms or effects of the treatment associated _____
- I understand Temescal Wellness, Inc cannabis products have not been analyzed or approved by the FDA, and are not certified to be free of contaminants. _____
- 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. _____

Continued...

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 I may not be in possession of therapeutic cannabis in any of the following locations:

The building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; a place of employment, without the written permission of the employer; any correctional facility; any public recreation center or youth center; or any law enforcement facility.

- I understand that I may not smoke or vaporize therapeutic cannabis in any public place, including a public bus or other public vehicle, or any public park, public beach, or public field.

- I understand that if I am found to be in possession of therapeutic cannabis outside of my home and I am not in possession of my registry identification card, I may be subject to a fine of up to \$1 00.

- I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement officer or for the use of cannabis other than use undertaken pursuant to this RSA 1 26-X.

- I understand that the protections conferred by RSA 126-X for the therapeutic use of cannabis are applicable only within New Hampshire.

- I understand that I may not be under the influence of cannabis:

While operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; in my place of employment, without the written permission of my employer or while operating heavy machinery or handling dangerous instrumentality.

Continued...

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 when under the influence of cannabis my judgment and coordination may become impaired. I will take appropriate measures to ensure I am safe from harm when consuming cannabis or cannabis products. _____
- 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. _____
- I authorize my information to be shared between Temescal Wellness, Inc. facilities and my recommending provider. _____

I have read and understand the above rules and disclaimers:

Print Name

Signature

_____/_____/_____
Date

Temescal Wellness of NH: Patient Waiver

Please review the following disclosures and provide your signature below

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 has indicated a warning that when under the influence of cannabis, driving and operating heavy machinery is prohibited.

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...

Temescal Wellness of NH: Patient 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