



**MARYLAND**  
Department of Health

NATALIE M. LAPRADE  
MARYLAND MEDICAL CANNABIS COMMISSION

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

**Notice and Acknowledgement of Attestation by Patient or Caregiver  
Prior to the Dispensing of Medical Cannabis**

*Pursuant to Code of Maryland Regulations (COMAR) 10.62.30.05, prior to medical cannabis being dispensed, either in person or by delivery, a registered patient or caregiver shall attest that he or she understands that he or she is not immune from the imposition of any civil, criminal or other penalties for certain conduct related to medical cannabis:*

By my signature below, I hereby affirm and attest that I understand that I am not immune from the imposition of any civil, criminal, or other penalties for the following:

Number	Description	Please check box.
1.	Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or boat while under the influence of medical cannabis	
2.	Smoking medical cannabis in any public place	
3.	Smoking medical cannabis in a motor vehicle	
4.	Undertaking any task under the influence of medical cannabis, when doing so would constitute negligence or professional malpractice	
5.	Smoking medical cannabis on a private property that:  (a) Is rented from a landlord;  (b) Is subject to a policy that prohibits the smoking of medical cannabis or marijuana on the property,	
6.	Smoking medical cannabis on a private property that is subject to a policy that prohibits the smoking of medical cannabis on the property of an attached dwelling adopted by:  (a) The board of directors of the council of unit owners of a condominium regime;  (b) The governing body of a home owner’s association,  (As used in (5) and (6) of this attestation, <b>vaporization</b> of medical cannabis is <b>not</b> smoking.)	

By my signature below, I affirm and attest that I understand that:

Number	Description	Please check box.
7.	I am required to keep all medical cannabis away from children other than the Qualifying patient,	
8.	I am required to take steps to prevent children from obtaining or using medical cannabis,	
9.	It is illegal to transfer medical cannabis to any person, other than the transfer by a Qualified caregiver to the caregiver's designated qualifying patient(s),	
10.	<p>Obtaining medical cannabis does not exempt a qualifying patient or caregiver from prosecution and penalties imposed by Federal law, including possessing, transporting, or using medical cannabis on any federal property.</p> <p>These properties include, but are not limited to federal buildings and courthouses, federal parks, federal highways, and federal military bases. It is my responsibility as a patient/caregiver to know the locations under federal jurisdiction.</p>	
11.	Scientific research has not established the safety of the use of medical cannabis by pregnant women,	
12.	The use of medical cannabis to treat a medical condition is not approved by the U.S. Food and Drug Administration,	
13.	<p>When I am in possession of medical cannabis, I will have my caregiver identification card and/or patient identification number with me and will present it upon request.</p> <p>I attest that I understand my rights and obligations as set forth and agree to observe these requirements prior to taking possession of medical cannabis.</p>	

I attest that I understand my rights and obligations as set forth and agree to observe these requirements prior to taking possession of medical cannabis.

Name of Patient/Caregiver (Print) \_\_\_\_\_

Patient/Caregiver Signature \_\_\_\_\_

Witness Name (Print) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient/Caregiver Identification Number \_\_\_\_\_



### Registration Form

Nature's Care and Wellness agrees that all patients will be treated with respect and dignity. Our mission: To promote patient wellness by providing compassionate holistic care in a safe and welcoming environment. We are honored that you have chosen to become a member with Nature's Care and Wellness.

Please complete the following information:

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Gender: M / F \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

Veteran: Yes / No \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ DL #: \_\_\_\_\_

Patient MMCC # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Caregiver Name (if applicable): \_\_\_\_\_ ID #: \_\_\_\_\_

#### **Nature's Care and Wellness Membership Agreement:**

- Members must present valid I.D. upon each visit and have current certification to be served.
- Members are limited to two visits per day.
- Any diversion of medicine to non-members will result in **IMMEDIATE** termination of membership.
- No loitering, gathering, or medicating onsite or in the parking lot.
- Please turn off cell phone while in the dispensing servicing area.
- Members understand that it is illegal to cross state lines with cannabis medicine purchased in Maryland.
- Members will be required to complete the NCW membership agreement and sign the Notice and Acknowledgement of Attestation by Patient or Caregiver prior to the purchasing of Medical Cannabis.
- Members understand they cannot bring an underage child with them to the dispensary unless the child has their MMCC certification and they are the legal guardian/caregiver for the child.

- Members understand that if delivery services are requested and NCW has delivery capabilities,
  - Member must come onsite for initial assessment.
  - Member can only receive delivery at their private residence.
  
- Members understand they may be required to pay for their purchase with cash if debit and credit card services are not available. ATM will be available onsite.
- Member understands that the state has set purchasing limits for dried flower and extracts. These amounts cannot be exceeded unless your provider makes a special determination.

**Yes! I would like to receive communication from NCW for special offers, community updates, and educational events. (We will not sell or share your contact information.)**

Product Wish List:

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

If patient is underage or is otherwise unable to sign this agreement  
, sign the following as the patient's representative.

\_\_\_\_\_  
Caregiver/Guardian Signature Date

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Nature's Care & Wellness Representative Date