



BRINGING OUT EXCELLENCE
PATIENT MEMBER TERMS AND CONDITIONS:

You are advised to research marijuana as medicine, and consult with your doctor as to dosage and frequency of medication. You are responsible for following these guidelines. You are responsible to use not abuse medicine. If we have any indication you are abusing medicine we will refuse service.

AS A CONDITION OF JOINING THE COLLECTIVE, 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 DISCLAIM THE WARRANTY OF MERCHANTABILITY AND THE WARRANTY OF FITNESS FOR PARTICULAR PURPOSE.

Any product obtained may be inspected prior to acceptance, However, since medical purity so requires, all transactions are final. The marijuana and related products are offered solely on an AS IS basis with no warranty whatsoever.

Patient understands that cannabis/marijuana may impair a person's ability to drive a vehicle or operate machinery.

Patient understands that loitering on or around a dispensary is prohibited by California Penal Code section 647(e).

Diversion of Marijuana from Non Medical purposes is a violation of state law.

Please provide a private space for the delivery, away from non-members.

Page 1 of 4 Initial: _____

Any member of law enforcement who is a bona fide patient must disclose the fact that he/she is a member of law enforcement. Otherwise, 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, nor employed by any law enforcement department, entity, or agency.

Management reserves the right to refuse service to anybody at any time for any reason or no reason whatsoever.

As a condition of joining our collective, 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 our arising from your use of marijuana or any other product/herb/food/oil/concentrate you may obtain at our facility.

As a condition of joining our collective, 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, 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."

Page 2 of 4 Initial: _____

As a condition of joining our collective, 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 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 not to use the medical marijuana you obtain from this collective for social or casual marijuana use, but only for the medical condition for which it was recommended by your doctor.

You agree that as a Patient Member of our 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 serious illness for which cannabis 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 this 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 the 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 collective may cultivate, obtain, transport and possess cannabis on my behalf.

Page 3 of 4 Please Initial: **X** _____

5. I designate the collective as my provider for medical marijuana.
6. I authorize the collective to contact my physician, and I authorize my physician to verify my recommendation to the collective.
7. I agree that I consistently rely upon the collective as the exclusive source of my cannabis medicine.
8. This designation shall remain in effect for 12 months, until the expiration of my recommendation, or until I revoke my designation in writing by certified mail, return receipt requested, whichever comes first.

X _____ Date: _____

How did you hear about our collective?

Can the collective send you info, specials, discounts, and the annual Patient Members ballot to your EMAIL? If so please provide your email address:

Please print slowly

Dated: _____ Signed: **X** _____

Print name: _____

Print email address (PRINT SLOWLY)

Please leave blank:

Date/Dr. Office Confirmation _____ By _____

Page 4 of 4 Please Initial: **X** _____

PATIENT MEMBER PROXY and BALLOT
BRINGING OUT EXCELLENCE,
A CALIFORNIA NON-PROFIT MUTUAL BENEFIT CORPORATION

I understand that the founding members, who are also board of director members, seek my proxy, in voting to democratically control the center. The founding members' state that they have the guaranteed lease, obtained the lease, etc. Therefore, the founding members have extended benefits to me as a member and in exchange therefore I grant an irrevocable proxy to the board to vote on my behalf as a patient member pursuant to the bylaws of the corporation.

I submit the following as an annual advisory ballot.

My condition is:_____

My preferred strains are:_____

I think the pricing should be:_____

I would prefer the following hours of operation:_____

I would like to become more involved in the patient community as part of the phone tree
_____ (y/n)

I would like to become more involved in the patient community as a candidate for advisory director of the nonprofit corporation. _____

I have the following additional comments for the board of directors:

_____, Patient Member Dated _____
Print Name Above

PRINT email REALLY SLOWLY
