

# DECLARATION TO USE MEDICAL MARIJUANA

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As a potential member of BC Pain Society (BCPS), I \_\_\_\_\_ declare that I have a medical condition for which I have already spoken to my doctor about and that I am only using marijuana for medical reasons.

If approved and issued a membership I agree not to give-away, trade, sell, barter, traffic share or distribute in any way the marijuana I receive from BC Pain Society. I am aware of the laws concerning marijuana and accept all the risks, furthermore I absolve BC Pain Society of all liability howsoever caused, either while using the product acquired, the marijuana vending machines or in or around any of our dispensary locations.

- I agree to show my membership card to any law enforcement official (or BCPS staff) should it be requested.
- I agree that my membership can be revoked at any time for any reason.
- I have not asked for or received any legal advice from the Notary Public before whom I signed this document
- I am at least 19 years of age

*Must be signed in the presence of a notary to be valid.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

## Acknowledgment

An acknowledgment is a formal admission made in person before a proper official by someone who has executed an instrument. The signer must personally appear before the Notary Public, the signer must be positively identified by the Notary Public and the signer must acknowledge having willingly signed the document. The signer is required to sign this declaration in the presence of the Notary Public named below.

### Acknowledgment Form:

In the province of \_\_\_\_\_, Canada.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
(day) (month)  
at \_\_\_\_\_, \_\_\_\_\_,  
(city) (province)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary Public)

**SEAL**