



CAREGIVER/PATIENT USER AGREEMENT

I, _____, hereby verify that I am a registered and qualifying Medical Marijuana Program Patient.

I, _____, do have a debilitating medical condition. I have been confirmed and recommended by a certified Doctor/Physician that this medicine is for nothing other than my debilitating condition and only for that purpose. On _____ (Today's date), I continue to suffer from the above debilitating medical condition(s) or its symptoms and am unable to procure an amount of marijuana necessary to alleviate my condition or its symptoms. I designate **The Reef** as my primary caregiver for the purposes of establishing compliance with MCL 333.26428(a)(2).

_____ I agree to act lawfully under the Michigan Medical Marijuana Act in addition to Michigan Supreme Court and Michigan Court of appeals decisions relating to Medical Marijuana.

_____ I agree to possess my Medical Marijuana Program Identification Card, or its equivalent, as well as valid Michigan Identification when I am on THE REEF's property. I understand that a failure to do may result in refusal of access to the facility.

_____ I agree that The Reef, and their representatives, may create and keep copies of identification cards, applications to the state, and any and all other documents The REEF reasonably requires to keep on The REEF's premises for record-keeping and legal purposes. The REEF, and their representatives, may disclose aforementioned documents or any other record kept in their ordinary course of business relating to my activities with The Reef, and their representatives, upon legal requirement, necessity, or any other reasonable grounds at the sole discretion of The REEF, and their representatives.

_____ I understand that Patient-to-Patient sales of Medical Marijuana are prohibited by law under current Michigan Supreme Court Holding published on February 8th, 2013. I further agree not to participate in any Patient-to-Patient sales on or off The Reef premises. This acquisition of Marijuana is only for my personal medical use and is not intended for use, possession, or ingestion by third parties, even if those individuals are also medical marijuana patients. I further understand that The Reef does not promote illegal sales or use of medical marijuana in any way.

PATIENT INFORMATION

Would you like to receive text messages/e-mails of specials and discounts? (Y/N)

Phone Number: _____

Email: _____

Where did you get certified? _____

How did you hear about us? _____

Signature: _____ Date: _____

Any and all fees paid to The Reef relating to medicine are solely to compensate caregivers for the costs associated with the medical use of Marijuana. These fees may include, but are not limited to: Estimated cost of plant nutrient/ Growing medium, cost associated with the curing of this medication, Caregiver's time and labor, packaging of the patient's medication, and all other expenses that the Caregivers may have incurred. I hereby affirm that I read, understand, and agree to the terms of this agreement and by signing my name in the applicable space above.