

# Client Registration - Form A

For applicants with a residence



PEACENATURALS  
MEDICINAL CANNABIS

Version 3.0 January 2019

**IMPORTANT NOTE:** In order to finalize your registration as a client of Peace Naturals, we will require a Medical Document. Should you need direction as to how to obtain this information, please contact our Client Care team.

New Client     Client Renewal     Change of Address

## APPLICANT INFORMATION - This section is mandatory

Given Name	Middle Name(s)	Surname
Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran <input type="checkbox"/> Yes VAC# K
Address		P.O. Box
City	Province	Postal Code
Best Telephone No.	Alternate No.	Preferred Time for Contact
Email Address		<input type="checkbox"/> Please sign me up for online shopping.

## CAREGIVER INFORMATION - To authorize someone to be able to discuss your account with Peace Naturals on your behalf, please fill out this section.

Given Name	Middle Name(s)	Surname
Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No.

## ACKNOWLEDGMENT - This section is mandatory

By signing below, the Client and/or the individual responsible for the Client acknowledges that they have read, understand and agree that:

- The Client is ordinarily a resident of Canada.
- The information in the application and medical document or Registration Certificate is correct and complete.
- The medical document or Registration Certificate is not being used to seek or obtain cannabis from another source.
- A valid medical document or copy of the Client's Registration Certificate from Health Canada accompanies this application.
- The Client will use cannabis products only for their own medical purposes.
- The Client will be a registered customer of Peace Naturals Project Inc. ("Peace Naturals"), a licensed producer under the Cannabis Act (Canada).
- Peace Naturals uses Client personal information to process Client transactions, deliver product and meet legal and regulatory requirements. Client personal information will be shared with Client's health care practitioner or clinic to ensure patient safety, appropriate treatment, and continuity of care, and to perform verifications required by law. Where required by law, Client personal information may also be disclosed to provincial medical licensing bodies, Health Canada or other regulatory or governmental bodies. The Client has read and agrees to the Peace Naturals Website Terms of Service, Website Privacy Statement and Client Privacy Policy, each available at [www.PeaceNaturals.com](http://www.PeaceNaturals.com).
- Medical cannabis is not approved for use as a drug in Canada, its indications, safety and risks have not been adequately studied and the appropriate dosage is unclear.
- The Client is using any medical cannabis product obtained from Peace Naturals at their own risk, and releases Peace Naturals and its affiliates, and all of their directors, officers, employees and agents, from any and all actions, claims, complaints and demands for damages, loss, liability or injury whatsoever arising directly or indirectly as a consequence of the use of medical cannabis obtained from Peace Naturals.
- Peace Naturals makes no representations and gives no warranties or conditions, whether express, implied, statutory, or otherwise, including, without limitation, any warranties or conditions of merchantability, merchantable quality, durability, or fitness for a particular purpose, all of which are hereby disclaimed.
- Any information provided by Peace Naturals or its affiliates, or any of their directors, officers, employees and agents, to the Client and/or the individual responsible for the Client is provided for general informational purposes only, does not constitute a representation as to the efficacy of any of the products offered for sale by Peace Naturals and is not intended to provide, or to be a substitute for, professional medical advice.

MM / DD / YYYY

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Individual responsible for Client (if applicable)

\_\_\_\_\_  
Date

If there is an individual responsible for the Client, both Client and the individual responsible for the Client must sign this form unless the individual responsible for the Client is the Client's substitute decision maker (or equivalent) under applicable provincial law. If the Client does not sign, the individual responsible for the Client, by signing above, attests that he or she is the Client's substitute decision maker (or equivalent) under applicable provincial law.

Please check this box if you would like to receive electronic messages containing news, updates and promotions from Peace Naturals regarding its products and activities. You can unsubscribe at any time: [clientcare@peacenaturals.com](mailto:clientcare@peacenaturals.com)