

APPLICANT REGISTRATION FORM C – DELIVERY TO YOUR HEALTHCARE PRACTITIONER VERSION 1.0

To be completed by the applicant or person responsible for the applicant and submitted to Solace Health Inc. at your earliest convenience.

Applicant Information

First Name: _____ Last Name: _____
*Veterans K#: _____ Date of Birth (dd/mm/yy): _____
Gender: Male Female Other Email: _____
Telephone: _____ Alt. Phone: _____

Residential Address

Address: _____ Suite No.: _____
City: _____ Province: _____ Postal Code: _____

Individual Responsible for Applicant - Healthcare Practitioner

Name of Establishment: _____
First Name: _____ Last Name: _____
Telephone: _____ Alt. Phone: _____ Email: _____

Mailing Address

Please check this box to ship product here

Address: _____ Suite No.: _____
City: _____ Province: _____ Postal Code: _____

I consent to receive medical cannabis on behalf of the applicant.

Signature: _____ Date (dd/mm/yy): _____

The Applicant or Individual Responsible to the Applicant must sign below if he/she attests that: (a) the Applicant ordinarily resides in Canada; (b) the information in this Application and in any accompanying Medical Document(s) is true, accurate, correct, and complete; (c) the Medical Document(s) is/are not being used to seek or obtain fresh or dried marijuana or cannabis oil from another source; (d) an original of any Medical Document is provided in support of the Application; and (e) the Applicant will use fresh or dried marijuana or cannabis oil solely for their own medical purposes. Further, the Applicant or Individual Responsible to the Applicant acknowledges and consents to the following: (a) The indications, safety, and risks of fresh or dried marijuana or cannabis oil use have not been adequately studied and the appropriate dosage is unclear at the date of signing. Additionally, medical marijuana is not currently approved for use as a pharmaceutical drug in Canada. The Applicant or Individual Responsible to the Applicant acknowledges that any medical marijuana product(s) obtained from Solace Health Inc. or its affiliates, partners, providers, directors, officers, or employees is/are to be used at the sole risk and release of the Applicant or Individual Responsible to the Applicant. The Applicant or Individual Responsible to the Applicant agrees to hold harmless Solace Health Inc., its affiliates, partners, providers, directors, officers, and employees from any and all actions, claims, complaints, and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical marijuana products; (b) Solace Health Inc. makes no representations, warranties, or conditions herein, whether express, implied, statutory or otherwise, including, without limitation, any warranties or conditions of merchantability, merchantable quality, durability, or fitness for a particular purpose of any marijuana products; (c) The Applicant or Individual Responsible to the Applicant consents to Solace Health Inc.'s collection, use and disclosure of necessary personal information in order to process this registration, to provide products or services, to comply with the Access to Cannabis for Medical Purposes Regulations, and otherwise in accordance with Solace Health Inc.'s privacy policy, available upon request; (d) The Applicant or Individual Responsible to the Applicant consents to the disclosure of personal information by the Health Care Practitioner named in his/her Medical Document to Solace Health Inc. for the purposes of complying with the requirements of the Access to Cannabis for Medical Purposes Regulations. The Applicant or Individual Responsible to the Applicant understands and agrees that a copy of this Application, as well as information about the Applicant's registration status and usage patterns may be provided to the Health Care Practitioner named in their Medical Document and/or to any clinic or employer with which the Health Care Practitioner works; (e) Solace Health Inc. may from time to time use personal health information on an anonymous and aggregate basis for research studies and/or medical educational purposes; (f) By indicating the Applicant is a veteran, the Applicant or Individual Responsible to the Applicant hereby gives permission for Solace Health Inc. to share personal and order information with Veterans Affairs Canada and consents to the disclosure of personal information by Veterans Affairs Canada to Solace Health Inc., its affiliates, partners, providers, directors, officers, and/or employees; (g) The Applicant or Individual Responsible to the Applicant consents to the use of electronic communication (i.e. email), if such contact information is provided above, as a primary mode of communication between Solace Health Inc., its affiliates, partners, providers, directors, officers, or employees and the Applicant or Individual Responsible to the Applicant and waives any privacy rights associated thereto. *I consent to the release of information to Veterans Affairs Canada.

Completed by: Applicant Individual Responsible for Applicant

Name: _____ Signature: _____ Date(dd/mm/yy): _____