



Membership Agreement and Informed Consent

I, understand that cannabis is now legal for adult use and medical purposes in the state of California. Collectives/ Cooperatives/ Dispensaries who are registered under the state of California and abiding by state laws may provide cannabis for patients. To keep the Humboldt County Cup in good legal standing, we ask that you hereby join and consent to the benefits provided by membership in Emerald Genetics Collective, a local not-for-profit entity sponsoring the Humboldt County Cup contestants and surrounding communities.

I am informed that Emerald Genetics is a not-for-profit collective organized as a means for facilitating or coordinating transactions between members. I understand that Emerald Genetics has made no efforts encouraging me to produce or use any substances for any medical condition. I have been informed by Emerald Genetics that I should continue to seek professional medical advice regarding my use of any cannabis product.

I understand that Emerald Genetics reserves the right to refuse service(s) to members. I understand that any person caught violating Emerald Genetics Rules or Membership Agreement may be excluded from membership. I am informed that membership is open to patients whose physicians' recommendations or approvals for cannabis, or whose medical cannabis identification cards, have not expired, and to designated primary caregivers of such patients.

I affirm that I am above 18 years of age with a medical condition, and that the information stated on my Information Form is truthful and accurate. If I am on parole or probation or released on bail, I certify that no condition of such parole, probation, or bail prohibits my use of cannabis.

I understand that my contributions to Emerald Genetics through products I may acquire from the collective are used to ensure continued operation of Emerald Genetics, and that such transactions are exchanges to cover overhead costs and operating expenses, and in no way constitute commercial promotion.

I understand that cannabis, while being a well-known effective therapeutic agent, is still considered illegal by the federal government. All information is strictly confidential and patient is not registered with the state of California or any government entity.

Member Signature

Date

Collective Staff Signature

Member #



Information Form

Name _____

Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Phone Number _____ Email _____

(Circle ID type) Driver's License / CA ID card / Passport / Veterans Admin. card / Military ID card ID # _____

PLEASE PROVIDE A COPY OF ID and RECOMMENDATION with the following information:

Physician's Name _____ Phone _____

Recommendation # _____ Expiration Date _____

I declare under penalty of perjury under the laws of the State of California and the United States of America that all the information stated herein is true and correct, and that I have signed this declaration in _____ County, California on the date indicated below. I authorize my physician to verify to Emerald Genetics Collective his or her recommendation for my use of medical cannabis if under 21 years of age.

Signature _____ Date _____