

**RELEASE OF LIABILITY**

*[for use with adult patients]*

I, **[insert patient name]**, am requesting that **[insert name of provider (including group)]** (hereinafter “Provider”) certify me as a qualifying patient for the therapeutic use of cannabis under New Hampshire’s Therapeutic Cannabis law, RSA ch. 126-X and to treat my qualifying medical condition and symptoms while I use cannabis for therapeutic purposes.

I understand that cannabis is not approved by the Federal Food and Drug Administration for therapeutic purposes and that, although New Hampshire has approved the limited use of cannabis for therapeutic purposes, its use is not approved under federal law. I acknowledge that Provider has explained the potential health effects of the therapeutic use of cannabis. I acknowledge that there is controversy in the medical scientific literature available regarding the health effects of cannabis for therapeutic purposes and that more research is currently being conducted.

In making this request, I assume full responsibility for any and all risks arising out of the application and certification process under New Hampshire’s Therapeutic Cannabis law and my use of therapeutic cannabis. I agree not to make any claim or complaint or commence any proceeding against Provider in relation to the application and certification process under New Hampshire’s Therapeutic Cannabis law and my use of therapeutic cannabis. I expressly waive, release, and discharge Provider from any liability of death, disability, personal injury, or any other injury, cause of action, claim, complaint or demand for damages whatsoever, whether caused by the negligence of Provider or otherwise, arising directly or indirectly from of the application and certification process under New Hampshire’s Therapeutic Cannabis law and from my use of therapeutic cannabis.

**I HAVE CAREFULLY READ THIS ENTIRE INFORMED CONSENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Patient Printed Name

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Date

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Witness Signature

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Witness Printed Name