

RELEASE OF LIABILITY

[for use with minors]

I, **[insert minor patient's parent/legal guardian]**, am requesting that **[insert name of provider (including group)]** (hereinafter "Provider") certify **[insert name of minor patient]** as a qualifying patient for the therapeutic use of cannabis under New Hampshire's Therapeutic Cannabis law, RSA ch. 126-X and to treat **[insert name of minor patient]** qualifying medical condition and symptoms while **[insert name of minor patient]** uses 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, including the potential risks and benefits. 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 **[insert name of minor patient]** use of therapeutic cannabis. On behalf of myself and **[insert name of minor patient]**, 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 **[insert name of minor patient]** use of therapeutic cannabis. On behalf of myself and **[insert name of minor patient]**, 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 **[insert name of minor patient]** use of therapeutic cannabis.

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

Date

Parent/Legal Guardian Signature

Patient Printed Name

Parent/Legal Guardian Printed Name

Date

Witness Signature

Witness Printed Name

Date

Parent/Legal Guardian Signature

Patient Printed Name

Parent/Legal Guardian Printed Name

Date

Witness Signature

Witness Printed Name