

# APPLICATION TO BE A TIDAL HEALTH SOLUTIONS PATIENT

## PATIENT INFORMATION

All fields required unless otherwise noted. This form must be filled out by the patient (if patient is applying on his/her own behalf) or a caregiver (i.e. an individual responsible for the patient) applying on behalf of the patient. Caregivers must also complete the Caregiver Information form.

PATIENT NAME

First Name

Last Name

DATE OF BIRTH

Year

Month

Day

EMAIL\*

\*Required for Online Shopping with Tidal Health Solutions Ltd.

RESIDENCE ADDRESS\*

Address

City

Province

Postal Code

CONTACT INFORMATION

Phone

Fax (If Applicable)

\*If the residence address above is not for a private residence, please indicate the following:

Name of Establishment

Type of Establishment

If you would like Tidal Health Solutions Ltd. to ship product to an address other than the Residence Address provided above, please check the option that applies:

Send to Shipping Address

Send to health care practitioner's address \*

SHIPPING ADDRESS

(If different from above residence address)

Address

City

Province

Postal Code

\*Health Care Practitioner must consent to receive product by filling out Health Care Practitioner Information form.

Please check the option that applies:

(Specific to patients applying on the basis of a Registration Certificate)

Cannabis products (other than plants & seeds)

Cannabis plants or seeds

All of the above.

## THE PATIENT AND THE INDIVIDUAL RESPONSIBLE FOR THE PATIENT (IF APPLICABLE) MUST AGREE TO THE FOLLOWING:

### IMPORTANT, PLEASE READ AND SIGN BELOW.

- The information contained in this registration application and the medical document, or registration certificate as applicable, is complete and has not been altered;
- The applicant (patient) is ordinarily a resident in Canada;
- The medical document, or registration certificate as applicable, used for this application is not being used to seek or obtain dried cannabis or cannabis oil from another source;
- The original of the medical document is provided in support of the application;
- The applicant (patient) will use dried cannabis or cannabis oil only for their own medical purposes;
- The indications, safety and risks of dried cannabis or cannabis oil use have not been adequately studied and the appropriate dosage is unclear. Patient and caregiver (if applicable) acknowledge(s) that any medical cannabis product obtained from Tidal Health Solutions Ltd. is done so at their own risk and release(s) Tidal Health Solutions Ltd., along with its affiliates, partners, providers, directors, officers, shareholders, employees and agents 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 cannabis products;
- Tidal Health Solutions Ltd. makes no representations and gives no warranties or conditions, whether expressed, implied, statutory, or otherwise, including without limitation, any warranties or conditions of merchantable quality, durability, or fitness for a particular purpose, all of which are hereby disclaimed. That said, Tidal Health Solutions Ltd. takes its product quality seriously, as well as its obligations under the Cannabis Act and Regulations to investigate customer complaints. If at any time you have an issue, we encourage you to get in touch with us.
- Patient and caregiver (if applicable) consent(s) to the health care practitioner named in his/her document disclosing required personal information to Tidal Health Solutions Ltd. for the purposes of complying with the requirements of the Cannabis Act and the Cannabis Regulations. Patient and caregiver (if applicable) understand(s) and agree(s) that a copy of this consent and registration application, as well as information about the patient's registration status and usage patterns may be provided to the health care practitioner named in their medical document;
- Patient and caregiver (if applicable) consent to Tidal Health Solutions Ltd.'s collection, use and disclosure of necessary personal information in order to process this registration, to provide products or services, to comply with the (including disclosure of personal information to provincial licensing authorities upon request), and otherwise in accordance with Tidal Health Solutions Ltd.'s Privacy Policy (<https://www.tidalhealth.ca/en/policy-and-terms/privacy-policy/>).
- In the case where a responsible adult will be signing for the applicant (patient), they are responsible for that applicant;
- By signing this registration form, patient and caregiver (if applicable) allow Tidal Health Solutions Ltd. to (a) send product and registration information to the physical and email addresses provided therein, and (b) communicate with them via email regarding registration status, product availability, order status, and other matters in accordance with Tidal Health Solutions Ltd.'s Privacy Policy (<https://www.tidalhealth.ca/en/policy-and-terms/privacy-policy/>).

SIGNATURE

Signature of Patient

Year

Month

Day

If there is a caregiver, both patient and caregiver must sign this form unless the caregiver is the patient's substitute decision maker (or equivalent) under applicable provincial law. **If the patient does not sign, the caregiver, by signing below, attests that he or she is the patient's substitute decision maker (or equivalent) under applicable provincial law.**

SIGNATURE

Signature of Individual Responsible (if applicable)

Year

Month

Day