

Dispensary (Select one)	<ul style="list-style-type: none"> <input type="radio"/> Capital City.....1334 N. Capitol Street NW, Washington, DC 20002 <input type="radio"/> Metropolitan Wellness.....409 8th Street SE, Washington , DC 20003 <input type="radio"/> Takoma Wellness.....6925 Blair Road NW, Washington , DC 20012 <input type="radio"/> Herbal Alternative.....1710 Rhode Island Avenue NW, Washington, DC 20036 <input type="radio"/> National Holistic Healing Center.....1718 Connecticut Ave. NW, Washington, DC 20009
<p style="text-align: center;">Patient’s Attestation Signature and Date</p>	<p>Limitation of Liability – The District of Columbia shall not be liable to the registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia’s medical marijuana program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical marijuana cultivation center and/or dispensary; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.</p> <p>Federal Prosecution - The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia’s law authorizing the District’s medical marijuana program will not excuse any registrant from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.</p> <p>I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. I acknowledge receipt and advisement of the notices above, and I agree to and accept the limitation of liability against the District. I assume any and all risk or liability that may result under the District of Columbia or federal laws arising from the possession, use, or cultivation, administration, or dispensing of medical marijuana. I understand that the medical marijuana laws and enforcement thereof of the District of Columbia and the Federal government are subject to change at any time. I sign this attestation willingly and without reservation and am fully aware of its meaning and effect.</p> <p>_____</p> <p>Patient’s Signature _____ Date</p>

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General’s hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General’s website at oig.dc.gov.

Remember to include:

- ✓ Two recent passport photos (2" x 2")

- ✓ Photocopy of U.S., state, or District government-issued photo ID

- ✓ Application fee (paid by Certified check, money order, or cashier's check made payable to DC Treasurer)

- ✓ 2 forms of proof of DC residency (acceptable forms of proof residency listed in application instructions)

- ✓ Electronic Physician Recommendation