

Soul and Wellness

MEDICAL MARIJUANA SERVICES AND EDUCATION

Patient Agreement

2007 S. Blue Island
Chicago, IL 60608
312-248-8898

I HERBY AUTHORIZE Soul and Wellness to act as my representative and agent for the purposes of assisting me in managing the process of obtaining a medical marijuana card in Illinois. I understand and agree to the following:

1. Soul and Wellness is an independent business and is not a State agency nor affiliated with any State agency in any official capacity. We are acting only in your behalf and not in the capacity of a doctor or physician.
2. I am retaining Soul and Wellness in a consulting capacity and for other services as may be necessary by State of Illinois regulatory rules.
3. I understand that by retaining Soul and Wellness I am not promised, guaranteed or in any way assured of being approved by the State of Illinois for a medical marijuana card under its Pilot Program.
4. I approve and authorize Soul and Wellness to release any information that Soul and Wellness determines to be reasonable and/or necessary for the purposes of obtaining a medical marijuana card in Illinois and/or assisting in dispensary registration. Such information may include but is not limited to confidential medical information, medical records, personal information, photo, copies of identification, documents provided by me and any and all information I provide to Soul and Wellness.
5. I represent to Soul and Wellness that I believe I have a medical condition that will qualify me for the Medical Marijuana Pilot Program in Illinois.
6. I understand that Soul and Wellness is providing a service that is complimentary.
7. I certify that I have been informed by Soul and Wellness of the risks and uncertainties associated with the Illinois Medical Marijuana Pilot Program.
8. I understand that fees associated with physician visits is not part of this Agreement and that Soul and Wellness will serve only as my advisor relative to finding a physician on my behalf.
9. I understand that there is a 2 month time frame to complete the process upon submission of the application to IDPH.

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10. In consideration for services provided by Soul and Wellness and on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. waive, release, and discharge Soul and Wellness and its agencies, officers, and employees from any and all negligence and liability of any type, and
- b. defend, indemnify, and hold harmless Soul and Wellness, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner results from any service provided (or not provided) by Soul and Wellness, or by my participation in any state-approved medical marijuana program.

11. I understand that the fees paid by me to Soul and Wellness for the doctor visits are non refundable under all circumstances.

Initial here

The undersigned affirm that I am at least 18 years of age and am freely signing this Agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

I HERBY AGREE TO THESE TERMS AND GIVE CONSENT FOR RELEASE OF INFORMATION:

CLIENT NAME: _____

SIGNATURE: _____

Date: _____

I also authorize the release of this same information to physicians and/or other health care providers assuming responsibility for my continued healthcare. In addition, I authorize the release of this same information to authorized governmental agencies for the purpose of application to and/or compliance with the Illinois Compassionate Use Of Medical Cannabis Pilot Program Act. This authorization will remain in continuous effect unless revoked by me with 90 days prior notice. I understand that I have the right to revoke this authorization at any time by communicating my revocation in writing to Soul and Wellness. Soul and Wellness will be held harmless from any losses, damages, or injuries that arise from actions taken in reliance upon this authorization prior to my revocation.

**END OF CLIENT AGREEMENT
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