Canna Farms Registration Application

Canna Farms is a subsidiary of MediPharm Labs.
Address: 151 John St, Barrie, ON L4N 2L1 **Phone**: 1-855-882-0988 **Fax:** 1-855-244-9158 **Email:** registrations@cannafarms.ca

PLEASE NOTE : In order to complete the registration, all fields marked with an asterisk(*) must be completed. This information must match the Medical Documentation form. Incomplete forms will cause a delay in registration. Complete Registration Application forms may be submitted by mail, email, or fax. The Medical Document will only be accepted in ORIGINAL FORM only.

New Client Returning Client If you were referred by a current Canna Farms patient, please enter their name here :

Application Information

Title	Given Name*	Surname*
Date of Birth* (MM/DD/YY)		Gender* Male Female I do NOT identify or associate with either gender
Street Address*		Buzzer Number, if applicable :
City*	Province*	Postal Code*
Phone Number*	Email Address Used to grant you access to the online store to purchase your medication. If no email address is provided, orders will only be possible over the phone.	
Email Consent* Yes No	By checking "Yes" you consent to receive commercial electronic messages from Canna Farms and third-party companies for marketing purposes. You can unsubscribe from these messages at any time.	

Additional Applicant Information (optional)

Canadian Armed Forces Veteran K Number

Applicant Shipping / Mailing Address* ☐ Shipping/mailing address is same as address above

Street Address*	Buzzer Number, if applicable:
City*	Province*	Postal Code*

Responsible Individual Information (If applicable. Required if under legal age in province of residence.)

Title	Given Name*	Surname*
Date of Birth* (MM/DD/YY)		Gender* Male Female I do NOT identify or associate with either gender
Phone Number*	Email Address	

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Authorization of Applicant and/or Responsible Individual.
The undersigned Applicant and/or Responsible Individual hereby understands, agrees, and warrants that :

1. The Applicant ordinarily resides in Canada.
2. The Medical Document that accompanies this Application is ORIGINAL. Once registration is completed, no Medical Document may be turned to the Applicant for any reason.
3. Registration with a Licensed Producer (LP) does NOT give the Applicant a license to possess cannabis. It permits the Applicant to purchase cannabis directly from that Licensed Producer for the duration outlined by the Health Care Practitioner (HCP) in the accompanying Medical Document.
4. Registration with a Cannabis Regulations Licensed Producer (LP), on the basis of a Cannabis Regulations Registration Certificate, gives the Applicant the authority to possess or produce cannabis within the expressly outset limitations of the certificate.
5. The Applicant will only use cannabis products obtained from MediPharm Labs via the Canna Farms shop for his or her own medical purposes.
6. The information in this Application and the accompanying Medical Document is correct and complete.
7. The accompanying Medical Document is not being used to seek or obtain medical cannabis products from another source.
8. The Applicant acknowledges that cannabis products have not been authorized through the standard Health Canada drug approval process. This is because the current scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the Food and Drug Regulations for marketed drugs in Canada.
9. The Applicant acknowledges that they are using cannabis products obtained from MediPharm Labs via the Canna Farms medical shop at their own risk. The applicant also specifically releases MediPharm Labs., (and its subsidiaries, service providers, officers, directors, and staff) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever, whether arising directly or indirectly as a consequence of the use of MediPharm Labs and Canna Farms products or services.
10. In order to receive our products and services, the Applicant and/or Responsible Individual gives consent to MediPharm Labs and its subsidiaries, to disclose the necessary personal information to their service providers, Health Canada, Veterans Affairs, and/or insurance providers as applicable in accordance with Privacy Policy on CannaFarms.ca. The Applicant acknowledges that their personal information may be accessible by third party companies used by MediPharm Labs and Canna farms as needed to render services.
11. The Applicant consents that the Health Care Practitioner (HCP) named in this Application and accompanying Medical Document may disclose to MediPharm Labs and its subsidiaries the Applicant's personal health information for the purposes of processing this registration application complying with the requirements of the Marihuana for Medical Purposes Regulations (MMPR). The applicant understands and agrees that a copy of this consent and Registration Application may be provided to the Health Care Practitioner named in this Application and accompanying Medical Document.
12. The Applicant acknowledges that by signing this Registration Application form, you consent to receiving communications from us via telephone, email, and similar electronic means.

Applicant Signature _____ **Date** _____
MM/DD/YYYY

Responsible Individual Signature _____ **Date** _____
If applicable MM/DD/YYYY

Once completed, this Registration Application may be submitted to Canna Farms c/o MediPharm Labs in one of the following ways :
Email : registrations@cannafarms.ca | **Fax** : 1-855-244-9158 | **Mail** : 151 John St, Barrie, ON L4N 2L1