

## Trill Evolutions Patient Agreement

Our top priorities are maintaining strict confidentiality and safety. The following agreement and regulations are strictly enforced to help us maintain our goals and standards.

### PLEASE INITIAL EACH ITEM:

\_\_\_\_\_ I have qualified as a medical marijuana patient and agree to act in accordance with Article XVIII, Section 14, Personal Use and Regulation of Marijuana, of the Colorado Constitution.

\_\_\_\_\_ I understand that in order to make purchases I must have a valid ID and valid registry card at all times.

\_\_\_\_\_ I agree and understand that no cell phones, recording devices or cameras will be permitted at any time in our facility, or during the consultation between myself and any Trill Evolutions employee.

\_\_\_\_\_ I agree NOT to bring any children under 18 years old onto the leased property of Trill Evolutions.

\_\_\_\_\_ I agree NOT to bring animals, pets or otherwise, (excluding service animals) onto the leased property of Trill Evolutions.

\_\_\_\_\_ I agree NOT to bring any weapons or anything that be used as a weapon into the facility. Pocket knives, tools, etc. must be left at the front desk.

\_\_\_\_\_ I agree NOT to consume or open any purchase within or around the premise.

\_\_\_\_\_ I agree and understand that any purchase I make from Trill Evolutions will not be redistributed to anyone, medical marijuana patient or non-patient.

\_\_\_\_\_ I agree and understand that I am allowed only TWO transactions per day at Trill Evolutions.

\_\_\_\_\_ I agree and understand that I am limited to no more than 2 ounces of cannabis per day, unless my physician has recommended an increased amount to treat my condition. I understand that Trill Evolutions WILL need copies of all physician forms stating the recommended patient limit.

\_\_\_\_\_ I understand that cannabis may cause a number of symptoms including, but not limited to, lightheadedness and loss of balance. Knowing that, I agree NOT to consume the purchased medicine in a manner that could endanger myself or the well being of others.

\_\_\_\_\_ I agree NOT to operate motor vehicles or other mechanical devices while medicated.

\_\_\_\_\_ I have properly mailed my Medical Marijuana License Application to the Medical Marijuana Registry of Colorado, in accordance with Section 12-43.3-901(4)(d)(I)C.R.S., and have stamped certified mail receipt or state-issued Medical Marijuana Registry card to prove it.

\_\_\_\_\_ I am NOT a member of law enforcement, member of the Department of Revenue, the Department of Health, or the FBI.

(FLIP OVER)

It is the policy of Trill Evolutions to update our rules and regulations from time to time to reflect the changes in the law. To help us provide our high level of products and services we require our members to maintain a current valid State of Colorado Medical Marijuana registry card. It is your responsibility to keep an up-to-date recommendation. Membership may be revoked at anytime by management or administration for violation of any action not covered by the rules and regulations, that in the opinion of the Administration of the Chief Executive Officer, brings discredit or unwelcome public attention to our organization. All data given or passed through Trill Evolutions is kept strictly CONFIDENTIAL and is only accessible to the limited Trill Evolutions staff.

By signing below, I agree to the following:

I have read and understand the Trill Evolutions Patient Agreement. I understand that failure to abide by these policies may result in being suspended or terminated from visiting this facility.

---

Signature

Date

---

Print Name (First and Last Name)

---

Street Address

---

City

State

Zip

---

Telephone Number

---

Email

How did you hear about us? \_\_\_\_\_

What brought you in today? \_\_\_\_\_

\*If you would like to sign a HIPPA agreement, please request one from the front desk.