

PATIENT AGREEMENT

- I acknowledge and agree that I have read the Southern Maryland Relief, LLC *Patient Handbook* that includes, among other terms, its Dispensary Code of Conduct and the Good Neighbor Policy. I hereby agree to, and will abide by, the terms of membership set forth in the *Patient Handbook*, including the Dispensary Code of Conduct and the Good Neighbor Policy, as in effect from time to time. I understand and agree that Southern Maryland Relief, LLC has the unilateral right to change the terms of the *Patient Handbook*, including the terms of membership and the Dispensary Code of Conduct and the Good Neighbor Policy, and that such changes will be effective upon the posting of the changes at the dispensary even if I do not receive actual notice or copies of the changes.
- I understand my agreement to, and compliance with, the terms of this agreement and the *Patient Handbook*, as in existence from time to time, is an on-going absolute condition precedent to my becoming and remaining a member of Southern Maryland Relief, LLC. I also agree that any ambiguity in the interpretation of the terms of this agreement and the *Patient Handbook* will be resolved by the interpretation adopted by Southern Maryland Relief, LLC in its sole and absolute discretion. Notwithstanding anything to the contrary in this agreement, the *Patient Handbook*, or any other document or agreement, Southern Maryland Relief, LLC has the unilateral and unequivocal right to terminate my membership for any reason or no reason whatsoever without notice or explanation, which right is in addition to its right to terminate my membership for violations of the *Patient Handbook*. I agree that membership in Southern Maryland Relief, LLC is a revocable privilege extended by Southern Maryland Relief, LLC and not a right or entitlement.
- I hereby represent and warrant that I have read and understand this agreement and the entirety of the *Patient Handbook*, including, without limitation, the Dispensary Code of Conduct and the Good Neighbor Policy. I agree to review the changes to the *Patient Handbook* as posted at the dispensary each time I visit the dispensary, with the understanding and agreement that such changes will be binding upon me whether or not I actually review and/or then agree with such changes.
- I acknowledge and agree that Southern Maryland Relief, LLC will not render any medical advice or conduct medical procedures, but, instead, only will provide access to medical cannabis in accordance with the laws of the State of Maryland, and, in connection with such access, will make available literature and materials regarding the health-related and other aspects of the use of medical cannabis. I agree to consult with a licensed physician with regard to my personal health conditions and medical-related questions.
- I agree that, at the election of Southern Maryland Relief, LLC, any dispute regarding my membership will be resolved by binding arbitration conducted in accordance with such commercially reasonable procedures and time schedules as Southern Maryland Relief, LLC determines are appropriate. I also agree that Southern Maryland Relief, LLC will be entitled to such equitable remedies, including, without limitation, injunctive relief as against me, as Southern Maryland Relief, LLC determines is reasonable or necessary to compel my compliance with the terms and conditions governing my membership.
- I agree to immediately report to Southern Maryland Relief, LLC in writing any events or circumstances related to the dispensary that I reasonably believe are a violation of the terms and provisions of the *Patient Handbook*, a violation of the laws governing medical cannabis, create an unsafe condition in or about the dispensary, and/or which could have a detrimental impact on the members of Southern Maryland Relief, LLC and/or the dispensary.

Patient Signature: _____

Date: _____

Patient Name (please print): _____

Patient or Designated Caregiver Registry ID Card #: _____