



# RELEASE FORM FOR MEDICAL PRACTITIONERS

*Marihuana Medical Access Regulations*

The Canadian Medical Protective Association recommends to member-physicians assisting patients in their application under the *Marihuana Medical Access Regulations* that they ask patient-applicants to sign a release from liability. The following form of release was developed and approved by The Canadian Medical Protective Association:

I, \_\_\_\_\_ ,  
(print name of applicant)

agree not to make any claim or complaint or commence any proceedings against

Dr(s). \_\_\_\_\_  
(print name of physician signing the medical declaration and, in the case of a category 2 symptom, name of physician acting as specialist under section 6 of the *Marihuana Medical Access Regulations*)

in relation to the application process under the *Marihuana Medical Access Regulations* or my use of marihuana.

I release Dr(s). \_\_\_\_\_

from any and all actions, causes of actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of my application under the *Marihuana Medical Access Regulations* or my use of marihuana. This release from liability is to be binding on my heirs, executors and assigns.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date