



RELEASE FORM FOR MEDICAL PRACTITIONERS:

Marijuana Medical Access Regulations

The Canadian Medical Protective Association recommends to member-physicians assisting patients in their application under the *Marijuana 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 Association:

I, _____ agree not to make any claim on complaint or commence any proceedings against **Dr(s)**. _____ in relation to the application process under the marijuana medical access regulations or my use of marijuana.

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 *Medical Marijuana Medical Access Regulations*, or my use of marijuana. This release from liability is to be binding on my heirs, executors, and assigns.

Signature of Applicant: _____

Date: _____

Signature of Witness: _____

Date: _____