

Vancouver Island Compassion Society

VICS Waiver form

I, _____, hereby appoint the Vancouver Island Compassion Society (VICS) as my agent for the procurement of medicinal cannabis and other naturopathic therapies.

This waiver is an indemnification consideration of the services provided to me by the VICS. I understand that although there have been numerous studies suggesting the usefulness and relative safety of medicinal cannabis, the VICS makes no guarantees or medical claims. I hereby agree for myself, my heirs, executors and assigns to waive any and all claims against the VICS.

I understand that the sensitive nature of some treatments supplied by the VICS makes it necessary that I utilize all procured products within the privacy of my own home.

I hereby agree not to resell or re-distribute any of the medications supplied by the VICS.

I understand that defying said rules might result in my immediate expulsion by the VICS.

Member name: _____

Member signature: _____

Date: _____

Parent or guardian's name (if necessary): _____

Parent or guardian's signature: _____