

TRILL ALTERNATIVES' Primary Caregiver Contract

Welcome to Trill Alternatives! We have specialized in providing the highest quality medical marijuana and medical marijuana infused products for over six years, and we are so excited to have you as a new member!

In order to complete the process of designating Trill Alternatives as your Primary Caregiver, we require that all new members read, understand, and sign our Primary Caregiver contract.

The most important thing for potential new members to understand is that, by law, a patient may have one and only one Primary Caregiver. This rule is outlined in the Emergency Patient Registration Rules sent out by the Colorado Marijuana Enforcement Division on August 1, 2014 (M 402 (E)):

E. VIOLATION OF PUBLIC SAFETY. NOTWITHSTANDING THE PROVISIONS IN M 402 (B), IT MAY BE CONSIDERED A VIOLATION OF PUBLIC SAFETY FOR A MEDICAL MARIJUANA CENTER AND ITS EMPLOYEES TO KNOWINGLY BECOME A PATIENT'S PRIMARY CENTER WHEN THE MEDICAL MARIJUANA CENTER OR ITS EMPLOYEES KNEW THAT THE PATIENT ALREADY HAD DESIGNATED ONE OR MORE MEDICAL MARIJUANA CENTERS AS HIS OR HER PRIMARY CENTER.

In order to comply with this rule, we are no longer accepting members without first verifying that they do not have other dispensaries designated as their primary caregiver. Our verification process is simple and immediate, as the state now provides real-time access to that information within our METRC system. This means that before accepting you as new member, we will be checking our METRC system to find out whether you already have a Primary Caregiver. If you do, we will ask that you notify them that you are no longer their patient, at which time that facility is required to remove you from their own METRC system.

We highly suggest you contact any and all other Primary Caregivers you may have designated and ask them to remove you from their patient list BEFORE signing our Primary Caregiver Contract and filling out the required Change of Caregiver forms. Failing to do so will result in the delay or possible denial of your membership with Trill Alternatives. If you are unsure as to whether you already have a Primary Caregiver, we will be able to tell you how many other facilities you have signed up, but not the names or locations of those facilities.

If you have any questions at all regarding the Primary Caregiver rules or this contract, please feel free to contact us in person, by phone at 720-287-0645, or by email at metrc.trillboulder@gmail.com.

Thank you and Keep It Trill!

TRILL ALTERNATIVES' Primary Caregiver Contract

I _____, agree to all provisions in this Primary Caregiver Contract for the duration of my membership.

By signing this contract I agree to keep Trill Alternatives as my one and only Primary Caregiver.

_____ I understand that if I currently have any other Medical Marijuana dispensary designated as my Primary Caregiver, I may not become a member of Trill Alternatives until I have notified them that they are no longer my Primary Caregiver. This means that PRIOR TO SIGNING THIS CONTRACT I have called or emailed any previous Primary Caregivers I may have had to inform them that they are no longer my Primary Caregiver and may not cultivate plants on my behalf. I understand that Trill Alternatives has real-time access to this information and reserves the right to accept or deny new members at any time.

_____ I also understand that if I have signed up another dispensary as my Primary Caregiver within the past 30 days, I may not switch to Trill Alternatives until at least 30 days have passed or my medical card expires.

_____ If at any time I wish to designate another Medical Marijuana dispensary as my Primary Caregiver, I must give Trill Alternatives written notice that includes my name and red card number before designating any new Primary Caregiver.

_____ I understand that Trill Alternatives will receive immediate notice in METRC if I designate another Primary Caregiver without notifying Trill Alternatives first, and if this happens I will have violated this contract and will no longer be considered a member or receive member pricing.

_____ I will NOT distribute any Medical Marijuana Products from Trill Alternatives, as distribution is still a crime and will not be tolerated under any circumstances. I understand that Trill Alternatives will take any legal action necessary to prevent illegal activities.

How did you hear about Trill? _____

Medical Marijuana Registry Number: _____

Expiration Date: _____

Date designated membership to Trill Alternatives: _____

Patient Plant Count: _____

Patient name (Print)

Patient Signature

*****Office Use Only*****

Employee Witness

Date