



## Welcome to OG Medical!

OG Medical is only open to those who possess a current Oregon Medical Marijuana Program (OMMP) card as a Patient, Caregiver or Grower. There is no membership fee to join our OG Medical family. I agree to allow OG Medical to copy my OMMP ID Card and Photo ID. Membership will renew annually when OMMP registration renews. No member shall disclose the identity of other members or circumstances about their consumption or provision of medical marijuana to anyone else without their prior consent.

Medicine will be dispensed by a budtender from OG Medical. No Patient, Grower, or Caregiver may conduct exchanges. Distribution and/or sales to Non-OMMP members are prohibited.

OG Medical is aware children are being issued Oregon Medical Marijuana Program (OMMP) cards. However, children who are under 18 years of age will not be allowed to enter the dispensary, the child's OMMP Caregiver may enter and acquire medicine for them.

By adding your Caregiver or Grower to the Member Consent Form, you are agreeing to allow them to participate in the program as well.

No guns, weapons, or illegal drugs shall be allowed in the dispensary or on the property at any time. No cameras, videos or listening devices allowed in the facility or parking lot.

All sales transactions will be conducted only by a qualified cashier from OG Medical. By agreeing and signing I release OG Medical from any and all liability for medical or legal problems which may occur as a result of the use of medicinal cannabis supplied. I agree to notify OG Medical of any change in my Oregon Medical Marijuana Program (OMMP) cards status. OG Medical reserves the right to refuse service to anyone for any reason at any time. I have read and agree to abide by all the rules and regulations set by OG Medical.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
OMMP Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Membership #

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

