



HydRx Farms Ltd.
 Email: customercare@hydrx.ca
 209 Dundas St. E, P.O. Box 31,
 Whitby ON L1N 5R7
 Phone: 1-844-493-7922
 Fax: (866) 775-7552

REGISTRATION APPLICATION

PLEASE NOTE: All fields on this form are mandatory. The information provided on this form must match the Medical Document form. Incomplete forms will result in a delay of registration. Complete registration forms may be submitted by mail, email, or fax. The Medical Document will only be accepted in ORIGINAL FORM only.

NEW CLIENT

RETURNING CLIENT

Referring Clinic
(if applicable)

Applicant Information

Applicant Name

Given Name

Surname

Date of Birth

Year

Month

Day

Gender

Male

Female

Contact Info

Street Address

Unit Number *(if applicable)*

City

Province

Postal Code

Phone

Email *(this email address will be use to grant you access to the online store to purchase your medication. If no email address is provided, orders will only be possible over the phone.)*

Additional Applicant Information *(optional)*

Client Referral

Name of existing HydRx Farms Ltd. client that referred you.

Veteran K#

By indicating you are a veteran, you give permission for HydRx to share your details with VAC.

Native Status

Yes

No

Do you wish to self-identify as an Aboriginal person in Canada?

Applicant Mailing/Shipping Address

Mailing/Shipping address is the same address as above

Contact Info

Street Address

Unit Number *(if applicable)*

City

Province

Postal Code

Responsible Individual Information *(if applicable)*

To be completed by the individual responsible for the Applicant. The Responsible Individual may act on behalf of the registered client. They may make inquiries, changes, and orders on behalf of the client.

Responsible Individual Name

Given Name

Surname

Date of Birth

Year

Month

Day

Gender

Male

Female

Contact Info

Phone

Email



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Authorization of Applicant and/or Responsible Individual

The undersigned Applicant and/or Responsible Individual hereby understands, agrees, and warrants that:

1. The Applicant ordinarily resides in Canada.
2. The Medical Document that accompanies this Application is ORIGINAL. An Authorization Process (ATP), Personal Use Production License (PUPL), or Designated Person Production License (DPPL) may not be used to register with an ACMPR Licenses Producer, as all validity dates have now passed. Once registration is completed, no Medical Document may be returned to the Applicant for any reason.
3. Registration with an ACMPR Licensed Producer (LP) does NOT give the Applicant a license to possess cannabis. It permits the Applicant to purchase cannabis directly from that Licensed Producer for the duration outlined by the Health Care Practitioner (HCP) in the accompanying Medical Document.
4. The Applicant will only use dried cannabis and/or cannabis oil obtained from HydRx Farms Ltd. for their own medical purposes.
5. The information in this Application and the accompanying Medical Document is correct and complete.
6. The accompanying Medical Document is not being used to seek or obtain dried cannabis and/or cannabis oil from another source.
7. The Applicant acknowledges that neither dried cannabis and/or cannabis oil are approved therapeutic products, and that cannabis has not been authorized through the standard Health Canada drug approval process. This is because the current scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the Food and Drug Regulations for marketed drugs in Canada.
8. The Applicant acknowledges that they are using dried cannabis and cannabis oil products obtained from HydRx Farms Ltd. at their own risk.
9. The Applicant also specifically releases HydRx Farms Ltd. (and its service providers, officers, directors, and staff) from any and all actions, claims, complaints, and demands for damages, loss or injury whatsoever, whether arising directly or indirectly as a consequence of the use of HydRx Farms Ltd. products or services.
10. In order to receive our products and services, the Applicant and/or Responsible Individual gives consent to HydRx Farms Ltd. to disclose the necessary personal information to HydRx Farms Ltd.'s service providers, in accordance with HydRx Farms Ltd.'s Privacy Policy.
11. The Applicant consents that the Health Care Practitioner (HCP) named in this Application and accompanying Medical Document may disclose to HydRx Farms Ltd. the Applicant's personal health information for the purposes of processing this Application complying with the requirements of the Access to Cannabis for Medical Purposes Regulations (ACMPR). The Applicant understands and agrees that a copy of this consent and Registration Application may be provided to the Health Care Practitioner named in this Application and accompanying Medical Document.

By checking this box you agree that you have read, acknowledged, understood, and formally agree to the statements above and that the applicant information provided is accurate and complete.

DATE

Applicant Signature

Year Month Day

DATE

**Responsible Individual
Signature** (if applicable)

Year Month Day

Once completed, this Registration Application may be submitted to HydRx Farms Ltd. in one of the following ways:

Email: customercare@hydrx.ca **Fax:** (866) 775-7552 **Mail:** 209 Dundas St. E, P.O. Box 31, Whitby ON L1N 5R7

This Application will be only processed once we receive your original Medical Document, mailed to 209 Dundas St. E, P.O. Box 31, Whitby ON L1N 5R7.