Alcoholic Beverage Regulation Administration
Medical Cannabis
Minor Application Form

Minor Name	First Name — Middle Initial Last Name — Suffix (i.e., Jr., Sr., II, III)
Social Security Number	*If applicant does not have a Social Security Number, see Application Instructions (page 2)
Date of Birth	Month Day Year *Note: Parent or Guardian must be at least 18 years of age
Residential Mailing Address It is your responsibility to notify ABRA of all address changes.	Street (PO Box NOT acceptable) — Apt/Suite City — State — Zip Code Phone Number — Email
Parent or Guardian Name Address Information	First Name — Middle Initial Last Name — Suffix (i.e., Jr. Sr., II, III) Street (P.O. Box NOT acceptable) — Apt/Suite City — State — Zip Code ( ) Phone Number — Email Date of Birth

Application Checklist	o Two recent (2) Passport photos (2"x 2") o Photocopy of U.S., State, or District government-issued Real ID o Application fee (paid by certified check, money order or cashier's check payable to DC Treasurer) o $25.00 (Submit proof of low income) o $100.00 o Two (2) forms of proof of residency o Electronic HealthCare Practitioner Recommendation
Healthcare Practitioner Name, Office Address Information and Recommendation Number **Select one:** ☐ **Physician (MD, DO)** ☐ **Nurse Practitioner/ APRN** ☐ **Physician Assistant (PA)** ☐ **Naturopathic Physician**	First Name _____ Middle Initial Last Name _____ Suffix (i.e., Jr. Sr., II, III) Street (P.O. Box NOT acceptable) _____ Apt/Suite City _____ State _____ Zip Code ( ) _____ Phone Number Email Recommendation Number _____

Patient's and Parent's Attestation Signature and Date	**Limitation of Liability** – The District of Columbia shall not be liable to the registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia's medical cannabis program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical cannabis cultivation center and/or dispensary; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted. **Federal Prosecution** - The United States Congress has determined that cannabis is a controlled substance and has placed cannabis in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing cannabis in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical cannabis program will not excuse any registrant from any violation of the federal laws governing cannabis or authorize any registrant to violate federal laws. I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. I acknowledge receipt and advisement of the notices above, and I agree to and accept the limitation of liability against the District. I assume any and all risk or liability that may result under the District of Columbia or federal laws arising from the possession, use, or cultivation, administration, or dispensing of medical cannabis. I understand that the medical cannabis laws and enforcement thereof of the District of Columbia and the federal government are subject to change at any time. I sign this attestation willingly and without reservation and am fully aware of its meaning and effect. _____ _____ Patient's Signature Date **All fees are non-refundable**