



Primary Caregiver Assignment

www.A20labs.com

3/11/2010

Insert
Date _____

Amendment 20 Laboratories LLC (hereafter known as A20labs) and _____ (hereafter referred to as Patient) agree to the following: (clearly print patients full name here)

_____ Patient is a resident of the state of Colorado and holds a valid Medical Marijuana Registry Card.

_____ Patient agrees to allow A20labs to make a copy of the Patients Medical Marijuana Registry Card, Colorado State Identification, and PHYSICIAN CERTIFICATION form which was sent to the Colorado Medical Marijuana Registry.

_____ Patient agrees and understands that if he/she allows his/her Colorado Medical Marijuana Registry Card to expire or if this card is revoked that A20labs will cancel this agreement and stop all services.

_____ Patient agrees that no phone, cell phone, recording devices, or cameras will be permitted to be used during meetings or discussions with A20labs personnel, contractors, or representatives.

_____ Patient agrees to assign A20labs and their representatives to act as his/her "primary caregiver" as defined in Article 18, Section 14 of the Colorado Constitution for a period of _____ (insert time period) months or the number of days. As such, patient agrees to complete a Colorado Medical Marijuana Registry "CHANGE OF ADDRESS OR CARE-GIVER" form and send properly notarized form to the Colorado Medical Marijuana Registry documenting that the Patients caregivership has been assigned to A20labs or its representatives.

_____ Patient agrees that they are singularly responsible for all medical and treatment decisions affecting their health and well being and that A20labs, A20labs personnel, or A20labs representatives bare no responsibility in the physical or mental health or prosperity of the Patient.

Patient Signature: _____

Full Address: _____

Telephone Number: _____

Email Address: _____

CO Drivers License number: _____

CO MMJ License #: _____

CO MMJ License Expiration Date _____

Name of A20labs Patient Manager: _____