



CROW CREEK SIOUX TRIBE

Cannabis Control Commission

P.O. Box 470
Fort Thompson, SD
Phone (605) 245-2221

MEDICAL CANNABIS REGISTRY IDENTIFICATION CARD APPLICATION

Section A: Instructions

Please read the following instructions carefully. If your application is incomplete, it may be denied.

ALL patients applying for a Crow Creek Medical Cannabis Registry Identification Card must provide to the Crow Creek Cannabis Control Commission (“Commission”) or its designee, the following:

1. An original, completed, and signed Medical Cannabis Registry Identification Card Application that includes the required waiver of liability, release of medical information, acknowledgments, attestations, original signature, and witness signature.
2. An original form of valid government-issued photo identification. Photocopies will not be accepted.
3. A non-refundable \$50 application fee.

NEW Medical Cannabis Patients must also include the name address, and telephone number of the prescribing physician, as well as the prescribing physician’s statement or recommendation.

RECIPROCITY Patients are those patients with a current and valid medical cannabis registry identification card from another Tribal or state jurisdiction, outside of the Crow Creek Sioux Tribe’s Reservation. Reciprocity Patients must also present an original, valid medical cannabis registry card from another Tribal or state jurisdiction and must include the issuing jurisdiction and/or agency, the date the card was issued and the and the expiration date. Photocopies will not be accepted.

Do you currently possess a valid and unexpired medical registry identification card from another jurisdiction, such as from any state or from another tribe? No Yes

If NO, then you may apply for a new Registry ID Card by filling out Section D.

If YES, then you may apply to have your existing and valid medical cannabis registry ID card recognized and accepted through reciprocity by filling out Section E.

All Crow Creek Medical Registry Identification Cards shall be valid for one year from the date of issuance.

Section B: Patient Information

Name _____ Date of Birth _____
(LAST) (FIRST) (M.I.)

Physical Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Email _____

Mailing Address (if different than Physical Address) _____

City _____ State _____ Zip Code _____

Section C: Valid Photo Identification

Acceptable forms of photo identification include valid, unexpired, government-issued photo identification such as a Tribal Enrollment Card, Certificate of Degree of Indian Blood, driver's license, or passport. The photo identification, even if unexpired, must also be clear and legible.

Type of Identification _____ Issuing Jurisdiction _____

Identification # _____ Expiration Date _____

Please present valid photo identification.

Section D: NEW Medical Cannabis Patients

Prescribing Physician's Name _____

Physical Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Email _____

Please attach a copy of the prescribing physician's statement or recommendation.

Section E: Reciprocity Patients

Reciprocity Patients are patients who currently possess a valid medical cannabis registry card from another Tribal or state jurisdiction. Crow Creek Tribal Law recognizes valid registry cards from other jurisdictions; however, the patient is still required to obtain a Crow Creek Medical Cannabis Registry Identification Card.

State or Tribal Issuing Jurisdiction _____

Date of Issue _____ Expiration Date _____

Please present the patient's original valid medical registry card from the other jurisdiction.

Section F: Waiver of Liability

I, _____, hereby attest and affirm that by submitting this application I am fully aware of the risks and hazards (legal, medical, social, and otherwise) involved with acquiring and using approved medical cannabis products I obtain from the Crow Creek Sioux Tribe, Crow Creek Cannabis Industries, Inc., or its dispensary, collectively referred to as "Dispensary", for any purpose, medical or otherwise. I am fully aware that there may be risks and hazards unknown to me, the Crow Creek Sioux Tribe, the Dispensary, Dispensary agents, or any other person with whom I have consulted.

I voluntarily assume full responsibility for any risk, loss, damage, or personal injury (including death) that I sustain as a result of being a customer of Dispensary and/or my possession or use of cannabis.

I hereby indemnify and hold harmless Dispensary and its affiliates, officers, directors, agents, representatives, and employees from and against any and all damages, liabilities, obligations, penalties, fines, judgments, claims, deficiencies, losses, costs, and expenses (including attorneys' fees and costs) arising out of, resulting from, or in any way related to: (i) my being a customer of Dispensary; (ii) the status of any of my licenses or registration cards; or (iii) my possession or use of cannabis.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement (the "Release") bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representative if I am deceased, and that the Release is deemed a release, waiver, discharge, and covenant not to sue Dispensary or any of its affiliates, officers, directors, agents, representatives, and employees.

In signing this Release, I acknowledge and represent that:

- I have read the foregoing release and indemnification, understand the Release, and sign it voluntarily;
- No representations, statements, or inducements (oral or otherwise), apart from the foregoing written agreement, have been made to me regarding medical cannabis or Dispensary;
- I am at least 18 years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same. Dispensary is relying on this Release in the provision of any services or products to me; and
- I have complied with all applicable Crow Creek Tribal Laws regarding the acquisition, use, and possession of medical cannabis, including being in possession of a valid Crow Creek Medical Cannabis Registry Identification Card.

Applicant's Signature _____ Date Signed _____

Print Name _____

Section G: Release of Medical Information

I, _____, hereby authorize the release of any and all relevant applicant information of a confidential or privileged nature by the medical provider listed above to the Crow Creek Cannabis Commission if additional information about my existing cannabis registration card is needed or to verify information I have provided.

Applicant's Signature _____ Date Signed _____

Print Name _____

Section H: Acknowledgments

____ I understand that my Registry ID Card is valid for one year, unless a shorter time period is indicated by my provider. I must renew my card annually by submitting another application, certification, and fee.

____ I understand that I may not possess more than one ounce of cannabis on my person while on the Crow Creek Sioux Tribe's Reservation.

____ I understand that I may not be under the influence of medical cannabis: (1) while operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; (2) in my place of employment, without the written permission of my employer; or (3) while operating heavy machinery or handling a dangerous instrumentality.

____ I understand that I may not smoke or vaporize medical cannabis in any public place, including a public bus or other public vehicle, or any public park, public beach, or public field.

____ I understand that I may not be in possession of medical cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.

____ I understand that I may use cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property.

____ I understand that the exemptions from prosecution outlined in the Cannabis Control Ordinance, Title 31, only apply within the Crow Creek Sioux Tribe's Reservation.

____ I understand that I am to carry my Medical Cannabis Registry ID Card on my person at all times I am in possession of medical cannabis outside of my home.

____ I understand that I may be prosecuted for any fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of cannabis to avoid arrest or prosecution including any other penalties that may apply for making a false statement to a law enforcement officer or for the use of cannabis.

____ I understand and agree that the Crow Creek Sioux Tribe shall have no liability to me whatsoever for any consequences of my use or possession of medical cannabis outside the territorial boundaries of the Crow Creek Sioux Tribe's Reservation.

____ I understand that I must be in compliance with Tribal Law and with any regulations promulgated by the Cannabis Control Commission.

____ I understand and agree that this card may be revoked at any time if it is determined that I falsified any information in my application or become no longer eligible to retain a Medical Cannabis Registry ID Card.

____ I understand that by using medical cannabis I may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to federally subsidized housing, those related to immigration and naturalization, or the inability to pass a security clearance.

I, _____, hereby attest to the acknowledgments listed above.

Applicant's Signature _____ Date Signed _____

Section I: Certification, Non-Diversion Pledge & Signature

I, _____, hereby certify that the facts as stated in this Application are accurate to the best of my knowledge and belief. I understand that any false statements made on this Application are punishable as unsworn falsification under applicable criminal laws.

I, _____, hereby pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to Tribal Law and acknowledge that diversion of cannabis shall result in revocation of my Registry ID Card, and acknowledge that the sale of cannabis to anyone who is not a qualifying patient is punishable by applicable law.

Applicant's Signature _____ Date Signed _____

Print Name _____

Witness' Signature _____ Date Signed _____

Print Witness Name _____

FOR OFFICE USE ONLY

Date Application Received: _____

Application Type: New Reciprocity

Application Determination: Approved Denied

Reason for Denial _____

Application approval date: _____

Registry Card Number: _____

Registry Card Issue Date: _____

Registry Card Expiration Date: _____