

**Medicinal Mindfulness Events LLC**  
**Conscious Cannabis Event™ Registration Form 2017 v7**

**Participant Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 21+ verified: \_\_\_\_\_

Emergency Contact Person & Phone Number: \_\_\_\_\_

Designated Driver & Phone Number: \_\_\_\_\_

**CCE Event Type (Check one)**

Cannabis Healing Meditation

Conscious Cannabis Circle

Cannabis Breathwork Meditation

Private Gathering

Private Gathering Host Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

First time attending a CCE? \_\_\_\_\_

**Participation Agreement**

Thank you for attending a Conscious Cannabis Event of Medicinal Mindfulness. To ensure your safety and the safety of the group, please review and check the agree checkbox for the following statements:

**Basic Membership Requirement**

By initialing or checking here, you become a basic “White Level” member of Medicinal Mindfulness. There are no fees or other requirements - this simply gives everyone an additional level of legal protection and is one factor that makes CCEs invitation only and private events.]

\_\_\_\_\_ **Initials**

**Designated Driver Required**

**PLEASE NOTE:** If you drive yourself to the event or do not have a designated driver, we will help you schedule a cab. You will be unable to use cannabis at the event without a pre-arranged ride from this event. **Ridesharing:** [www.uber.com](http://www.uber.com) & [www.lyft.com](http://www.lyft.com) **Local Taxi:** [www.zTrip.com](http://www.zTrip.com) (303)699-8747 - Taxi service pick ups can be scheduled prior to event.

The information listed in the Designated Driver Field is accurate and I will not drive myself home from this event, nor drive again before completely sober.

\_\_\_\_\_ **Initials**

**Safety Self-Assessment**

I have reviewed the CCE Safety Self-Assessment. By signing this form and by attending the Conscious Cannabis Event, I certify that that I am physically, mentally, emotionally and spiritually fit enough to safely participate in this event. I also acknowledge that I can speak with a Medicinal Mindfulness facilitator about any safety concerns before attending the CCE. Individual Safety Interviews by a Medicinal Mindfulness Facilitator are also available.

\_\_\_\_\_ **Initials**

**Informed Consent**

I understand that a CCE is intended as a personal growth experience and should not be used as a substitute for psychotherapy or medical treatment.

\_\_\_\_\_ **Initials**

I understand that a CCE could involve dramatic experiences accompanied by strong emotional and physical release as outlined in the CCE Participation Agreement.

\_\_\_\_\_ **Initials**

**CCE Participation Agreement 2017 v7**

I have reviewed and signed the “Conscious Cannabis Event Participation Agreement 2017 v7” and agree that its terms and conditions are incorporated here and, together with this CCE Registration Form, govern my participation in this event.

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

**Name (Printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_