

**ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY**

*Do not sign until notary is present*

I, \_\_\_\_\_, being first duly sworn upon oath, affirmation or depose hereby acknowledge:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*, regulates marihuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the use of medical marihuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

**I understand that a Michigan and/or City of Flint marihuana facility license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.**

**I understand that choosing to file an application for a marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility pursuant to that license, is done so at my own risk.**

**I agree, as a condition of receiving a marihuana facility license from the City of Flint, to waive any right of recourse against the City of Flint for any damages or restitution for the value of any plant(s) in my possession in excess of the licensed quantity of plants permitted, and understand that such excess plant(s) may be immediately confiscated for destruction without a hearing.**

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Flint, and its respective officials, employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a marihuana facility license and, if issued a license, my operation of a marihuana facility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number (if applicable)

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County Of \_\_\_\_\_,  
(county) (state) My commission expires: \_\_\_\_\_.