12337-82A Ave., Surrey, B.C. V3W 0L5
Fax: 604-592-2982

MONTHLY PAINT EXCHANGE FORM

THIS DOCUMENT IS A LIABILITY RELEASE FORM – PLEASE READ IT CAREFULLY

TO: Product Care Association AND TO: _____

Depot Owner/Operator – Depot Name and Address (Full Mailing Address)

- I confirm that the product (the "Product") received by me today is offered as part of a free "Paint Exchange". I also acknowledge that Product Care, the Depot Owner/Operator and all other organizers, sponsors and contractors of the Paint Exchange (collectively the "Sponsors") make **NO REPRESENTATION OR WARRANTY AS TO THE MERCHANTABILITY, QUALITY, CONTENTS OR ORIGINS OF THE PRODUCT OR TO THE FITNESS OF THE PRODUCT FOR ANY PURPOSE.**
- I accept the Product "***as is***" and I acknowledge that the Product has not been inspected by any of the Sponsors. **I ACCEPT ALL RISKS ASSOCIATED WITH ANY USE OF THE PRODUCT WHATSOEVER**. In consideration for the Product, I release the Sponsors from all claims, damages, losses, causes of action, or actions arising from the receipt and/or use of the Product. I am aware that by signing this release, I am waiving all legal rights against the Sponsors in relation to the acceptance and use of the Product.
- The term "Product Care" as used in this release includes the Product Care's members, officers, directors, employees, agents and contractors.
- I acknowledge that if I have any reason to suspect that the Product has been altered in any way or that the contents are not represented by the original label information, I should not use the Product and I may return it to any Product Care Authorized Paint Collection Depot in my area without charge.

DATE: (Please Print)	NAME: (Please Print)	SIGNATURE: (Confirming Release of Liability)	PHONE NUMBER: (Please Print)	LATEX Container Size		ALKYD (OIL) Container Size	
				5 GAL	1 GAL	5 GAL	1 GAL
			CONTAINER TOTALS:				

_____ _____ _____

Depot Operator's Name (Please print) **Signature** **Date**