



Send completed form to Product Care via either:

Email: nsopspaint@productcare.org

Fax: 1.604.592.2982

PAINT REUSE LIABILITY RELEASE FORM – PLEASE READ CAREFULLY

TO: Product Care Association

AND TO: _____
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)	WHAT WILL YOU PAINT (i.e., Project the Paint will be used for)	LATEX (# of containers)		ALKYD (OIL) (# of containers)	
					1 GAL	5 GAL	1 GAL	5 GAL
CONTAINER TOTALS:								

Depot Operator’s Name (Please print): _____ Signature: _____ Date: _____