

PRODUCT CARE ASSOCIATION 12337 - 82A Avenue, Surrey, B.C. V3W 0L5 Phone: 604 592-2972 Fax: 604 592-2982 Web: www.productcare.org

November 3rd, 2005

Attn: Depot Operator

RE: New Paint Exchange Form

Attached is our new Paint Exchange Form and instructions on how to use it. Please start using this new form this month (November).

We would also like to remind all depots that the Paint Exchange program is **ONLY for PAINT CANS**. No other items are to be given away not even Aerosol Paints.

Thank you for your time and cooperation with this new form. If you have any questions please do not hesitate to call or email.

Regards,

Lori Kobza Service Coordinator

Email: lkobza@productcare.org



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PAINT EXCHANGE PROGRAM

The Paint Exchange program allows consumers to take paint away from the depot free of charge for reuse. Consumers must be made aware that the paint is on a "AS IS" basis and we can not guarantee quality. They are to read the Paint Exchange form prior to signing it as it is a Release Form. A Waiver/Liability Release sticker must be placed on each container the consumer takes. No opening of any container is allowed.

Because most of the forms are faxed – whenever possible:

- Please print
- Please use blue pen
- Please stop writing when the lines are used up. It's okay to start a new form even if it's only for 1 person

INSTRUCTIONS FOR PAINT EXCHANGE PROGRAM:

- 1. Print the Depot name and full mailing address. Please see sample of completed form on second page.
- 2. After the consumer has chosen what paint they will be taking, while you are putting on the Waiver/Liability Release Sticker on every container that goes out, please have the customer complete the Monthly Paint Exchange Form by:
- 3. They print the date they are taking the paint
- 4. They print their name or their organization's name and then write their signature.
- 5. They print their phone number or the phone number of their organization
- 6. Sort out the sizes of the containers 5 gallon or 1 gallon so that you can complete the Quantity section of the form. We are only tracking 1 gallon or larger sizes. If the container size is smaller than 1 gallon there is no need to record it. Only write down the size of the container do not estimate what the contents are.
- 7. Determine if the paint is Latex (Water Based) or Alkyd (Oil Based)
- 8. If the paint is Latex, write the number of containers being taken in the correct column. For example, if 3 5 gallon containers and 6 1 gallon containers are being taken then in the 5 gal column write 3 and in the 1 gal column write 6.
- 9. If the paint is Alkyd, write the number of containers being taken in the correct column. For example, if 2 5 gallon containers and 8 1 gallon containers are being taken then in the 5 gal column write 2 and in the 1 gal column write 8.
- 10. At the end of the page, add up the total number of containers and write this number in.
- 11. At the end of each month the Monthly Paint Exchange Form is sent to Product Care's office is Surrey, BC and must be received by the 10th of the month.

12337-82A Ave., Surrey, B.C. V3W 0L5



MONTHLY PAINT EXCHANGE FORM

Fax: 604-592-2982

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

	ct Care Association	AND TO: Depot Owner/Operator -	- Depot Name and Address (Full Maili	ing Address)	•		
organizers, CONTENTS I accept the	sponsors and contractors of the GOR ORIGINS OF THE PRODU Product "as is" and I acknowled	eived by me today is offered as part of a free "Pa Paint Exchange (collectively the "Sponsors") make ICT OR TO THE FITNESS OF THE PRODUCT F tige that the Product has not been inspected by are oduct. I release the Sponsors from all claims, dar	int Exchange". I also acknowledge the se NO REPRESENTATION OR WARI FOR ANY PURPOSE. BY of the Sponsors. I ACCEPT ALL R	at Product Care, to RANTY AS TO THE	IE MÉRCHANT ED WITH ANY	USE OF THE	ALITY, PRODUC
aware thatThe term "FI acknowled	oy signing this release, I am waiv roduct Care" as used in this release ge that if I have any reason to su	ving all legal rights against the Sponsors in relation as a includes the Product Care's members, office uspect that the Product has been altered in any ware Authorized Paint Collection Depot in my area	n to the acceptance and use of the Property of	oduct.	·		
DATE: (Please Print)	NAME: (Please Print)	SIGNATURE: (Confirming Release of Liabili	PHONE NUMBER: (ty) (Please Print)	LATEX Container Size		ALKYD (OIL) Container Size	
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			CONTAINER TOTALS:				



MONTHLY PAINT EXCHANGE FORM

12337-82A Ave., Surrey, B.C. V3W 0L5

Fax: 604-592-2982

THIS DOCUMENT IS A <u>LIABILITY RELEASE</u> FORM – PLEASE READ IT CAREFULLY

Ö 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. **Product Care Association** AND TO: Depot Owner/Operator – Depot Name and Address (Full Mailing Address) HOO 2 M)QiS Anywhere HOH OHO

- 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.

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Sam Sails

Depot Operator's Name (Please print)

Signature

march 1st 2005

Date