

# 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" in the New Brunswick Paint Recycling Program. I also acknowledge that Product Care Association, its members, officers, directors, employees, agents and contractors (collectively "Product Care") make NO REPRESENTATION OR WARRANTY AS TO THE MERCHANTABILITY, QUALITY, CONTENTS OR ORIGINS OF THIS PRODUCT OR TO THE FITNESS OF THIS PRODUCT FOR ANY PURPOSE.

I accept the Product "as is" and I acknowledge that the Product has not been inspected by the Program. I ACCEPT ALL RISKS ASSOCIATED WITH ANY USE OF THIS PRODUCT. In consideration for this product, I release Product Care from all claims, damages, losses, causes of action, or actions arising from the receipt and/or use of this Product and acknowledge that I am waiving all legal rights against the Sponsors in relation to the acceptance and use of this Product.

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 this Product and return it to a Paint Collection Depot in my area without charge.

DATE: (Please Print)	NAME: (Please Print)	SIGNATURE: (Confirming Release of Liability)	PHONE NUMBER: (Please Print)	LATEX # of containers		ALKYD (OIL) # of containers	
				1 GAL	5 GAL	1 GAL	5 GAL
<b>CONTAINER TOTALS:</b>							

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Depot Operator's Name (Please print)                      Signature    Date



**DEPOT – Send Completed Form to Product Care via Email: [kathy@productcare.org](mailto:kathy@productcare.org) or Fax: 1-604-592-2982**