



LIABILITY RELEASE FORM

Please read carefully

To: Product Care Association of Canada

And: _____

(Depot name and full mailing address)

I confirm that the product received by me today is **LEFTOVER PAINT THAT HAS NOT BEEN INSPECTED AND IS PROVIDED "AS IS,"** without representation or warranty as to quality or fitness for any purpose. By accepting this product, I **ACCEPT ALL RISKS** associated with any use of this product and, in consideration for receiving this product at no cost, I hereby release the persons who provided this product from all claims and waive all legal rights against them in relation to the use of the product.

Date	Name	Signature (Confirming release of liability)	Phone number	Project the paint will be used for	Latex (Numbers of containers)		Alkyd (oil) (Numbers of containers)	
					1 gal	5 gal	1 gal	5 gal
Container totals:								

Collection site operator's name (please print): _____

Signature : _____ Date : _____

Please fax this form to **1-604-592-2982** or email it to the address for your province below :

- BC** bcopspaint@productcare.org **NS** nsopspaint@productcare.org **NB** nbopspaint@productcare.org **NL** nloppaint@productcare.org