

Media Release and Indemnification Form

Date: _____

Project Number: _____

Project Name:
Description of
Authorized File
Usage:

Colliers Engineering & Design Employee Receiving Client Request: _____

Name of Client/Consultant/Contractor/ Organization Receiving File(s): _____

Name of Individual/Representative/Agent Requesting Information: _____

I, being an authorized representative/agent of the above named Client/Consultant/Contractor/Organization, with authority to make this representation, agree to the following: The electronic documents may not be copied, reused, disclosed, distributed or relied upon for any purpose other than the authorized file usage described above. If any other usage is needed you must request written consent of Colliers Engineering & Design. I/we acknowledge that data, plans, specifications, reports, documents or other information recorded on or transmitted as electronic media are subject to undetectable alteration, either intentional or unintentional due to, among other causes, transmission, conversion, media degradation, software error, or human alteration. Accordingly, it is understood that electronic files provided are for informational purposes only and are not intended as an endproduct. Colliers Engineering & Design makes no representation of any warranties, either expressed or implied, regarding the fitness or suitability of the electronic documents. Accordingly, the Client agrees to waive any and all claims against Colliers Engineering & Design and Colliers Engineering & Design's consultants relating in any way to the use, reuse or alteration of the electronic documents. Any unlicensed use or reuse of the documents without our written consent will constitute a violation of our copyright. Only original plans and reports of the most recent date bearing the signature and the embossed seal of the professional will be considered documents of record and govern in the case of any discrepancy.

Billing Information

Work requested by:

- Client
- Agency
- Non-Billable
- Billable per Rate Schedule

Signature of Client/Consultant/Contractor/Organization **Date**

Name of Client/Consultant/Contractor/Organization **Date**

Colliers Engineering & Design Billing Manager **Date**

FILE INFORMATION

File names and
contents: