



## Balloon Retrieval Waiver Form

<b>Event:</b>		<b>Dates:</b>
Contact Name:		Booth Number(s):
Company Name:		E-Mail:
Address:		City/Prov:
Postal/Zip Code:	Phone #:	Fax #:

We accept full responsibility for complete retrieval and repair costs incurred should our helium-filled ballroom(s) escape during the preparation, display, and dismantling of same.

We understand that we will be invoiced and agree to pay any retrieval costs incurred.

Name & Title of Authorize Representative: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Signed Date: \_\_\_\_\_

Return Completed Form to:  
Fax (416) 245-3046