



Balloon Retrieval Waiver Form

Event:		Dates:
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