



# Balloon Retrieval Waiver Form

**Event: LO Congress - 2026**

**Dates: January 02, 2026 to January 09, 2026**

Contact Name:	Booth Number(s):	
Company Name:		
Email:		
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 Form To:  
Attention: Mike Russell  
Fax: (416) 245-3046  
Email: [mrussell@torontocongresscentre.com](mailto:mrussell@torontocongresscentre.com)