

3290 Green Pointe Pkwy Suite 600

Peachtree Corners Ga 30092

678-395-3404

Release of Liability

I authorize Crystal Citi LLC to Release order(s) no.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To an authorized representative that I have selected to pick up my order.

Please allow (Name of Person)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To pick up items and inspect and sign for the items. I understand in doing so that All items will be picked up in an acceptable condition as purchased and any damages beyond leaving premises of Crystal Citi LLC/VIP SEATING Events, is not the responsibility of Said Company, Crystal Citi LLC/Vip Seating Events. By signing this agreement, I understand that the responsibility is fully on me and/or the person or entity picking up the items.

All items are Purchased AS-IS and once purchased and released are totally the responsibility of the Purchaser. Please confirm validity of this Agreement by sending via your email and also attaching a copy of your ID.

Once the assigned Person arrives to pick up said items listed above, Our Staff will check and verify the individual’s credentials.

Name of Member/Customer Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_