

YOU ARE INVITED TO A GREAT PARTY AT SNOW POWER!

Please Say You'll come and Celebrate!

FOR:	DATE:	
TIME:	RSVP @:	
treatment or of compensation for any injury I may sufficients or party, whether such injury or loss results f	ill not have or assume any financial responsibility or liability for the expenses of medicaer during or resulting from utilizing the centers's facilities and / or from participation in om negligence of any owner, employee, independent contractor or any other person Power Unlimited or from any other cause whatsoever.	
(Signature of participant/pa	ent):	
<u>I have</u>	ead and agree to all Snow Power policies.	
(Signature of participant/parent):	Date:	