

STRIKE-OFF WAIVER

Job / Quote #:

Job Name:

Date:

By its signature hereto, _____ agrees to waive the option to receive the recommended/required printed strike-offs prior to final production of the murals for evaluation of color and image resolution.

It is understood that _____ acknowledges this is a custom production and therefore is non-refundable. In the event any action is brought against 4walls related to color correction and/or resolution of the finished product, _____ agrees to defend, hold harmless and indemnify 4walls against any causes of action, liability, damages or costs of any kind or nature.

Signature

Date

Name Printed

Title

Please return this completed form to:
Fax: 216.432.1500, ATTN: Contract Support
Email: contractsupport@4walls.com