

STRIKE-OFF WAIVER

Job / Quote #: _____ Job Name: _____

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 product 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 _____ Title _____
Printed

Please return this completed form to:
Contract Support Account Manager
Phone: 216.432.1400 x.122
Fax: 216.432.1500
Email: contractsupport@4walls.com