

Press Check Waiver Form

By Signing this form you are waiving the opportunity to personally, or by alternate representation, participate in the Press Check at Great American Packaging, LLC for the job referenced below.

All computer monitors and devices display color differently, therefore, we cannot guarantee the printed colors will match digital colors viewed on screen.

· A press check is highly recommended when exact color match is required.

Be aware that you are signing off on the job and authorizing us to print your job without a representative from your Company attending the Press Check. Although we keep checking carefully through all stages of production, you take responsibility if there are any errors in the final job that are on the final approved proof. Our responsibility is to ensure the printed job matches the signed proofs including, but not limited to; color, font, spacing, images, wording/phrasing, etc.

I confirm that I have read and understand the information above and I understand that no liability will be attached to Great American Packaging, LLC for any color inconsistencies, perceived or otherwise, between my supplied files and the final printed product.

Company:	Sales Rep	o:
Name:	Date:	
Job Name:		
☐ I decline the opportunity to attend the press check at Great American Packaging, LLC for the job referenced above, either personally or by alternate representation, on behalf of my organization.		
Signature		