

Future Mobility Products Adductor Pad

Assembly, Installation and Operating Instructions

NOTE: Check all parts for shipping damages before using. In case of damage, do NOT use the equipment. Contact the Equipment Supplier for further instructions.

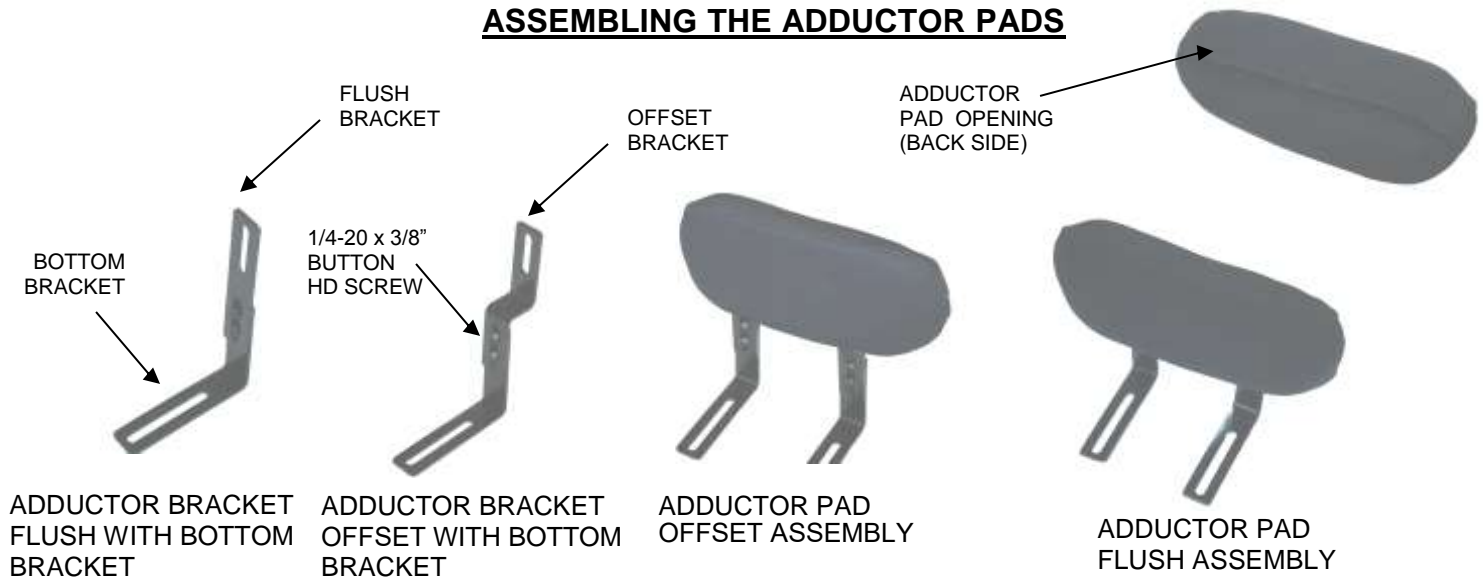
WARNING

DO NOT install this equipment without first reading and understanding this instruction booklet. If you are unable to understand these instructions, contact a healthcare professional, dealer or technical personnel before attempting to install this equipment - otherwise, injury or damage may occur.

NOTICE

Information contained within this document is subject to change without notice.

ASSEMBLING THE ADDUCTOR PADS



1. Secure the flush bracket or offset bracket to the bottom bracket using two (2) 1/4-20 x 3/8" deep button head screws
2. Insert the top of the bracket assembly into the opening located on the back of the adductor pad.
3. Secure the bracket assembly to the adductor pad using (1) one 1/4-20 x 3/4" deep button head screw.
4. Repeat for other similar bracket on the same adductor pad.
5. The adductor pad assembly should be fastened to the wheelchair seatpan using self tapping screws or a machine screw with locknut.

Note: Each set of adductor pads comes with 2 pads and 4 bracket assemblies (i.e. 4 bottom brackets and 4 flush or offset brackets). Ensure that screws threads are located away from the occupant when fastening the parts in order to avoid injury.

WARRANTY

This warranty is extended only to the original purchaser/user of our products.

Future Mobility Healthcare Inc. warrants this seating product to be free from defects in materials and workmanship for one (1) year upon normal usage by original purchaser. If within this warranty period the product shall be proven to be defective, such product shall be repaired or replaced, at Future Mobility Healthcare Inc. discretion. Future Mobility Healthcare Inc. sole obligation and your exclusive remedy under this warranty shall be limited to the repair and/or replacement of the product or its parts. This warranty does not include any labour or shipping charges incurred in replacement part installation or repair of any product.

For warranty service, please contact the dealer from whom you purchased your Future Healthcare Inc. product. In the event you do not receive satisfactory warranty service, please write directly to Future Mobility Healthcare Inc. at 3223 Orlando Drive, Mississauga, Ontario, L4V 1C5. Provide the dealer's name, address, model number, date of purchase and indicate the nature of the defect.

DO NOT return products to Future Mobility Healthcare Inc. without our prior consent. The defective unit or parts must be returned for warranty inspection within thirty (30) days of the return authorization date. (Future Mobility Healthcare Inc. will issue a return authorization number). Please prepay all shipping charges; C.O.D. shipments will be refused.

LIMITATIONS and EXCLUSIONS: This warranty shall not apply to problems arising from normal wear or failure to adhere to the enclosed instructions. Products subjected to negligence, accident, improper usage, maintenance or storage; or products modified without Future Mobility Healthcare Inc. written consent including, but not limited to : modification through the use of any unauthorized parts or attachments; products damaged by reason or repairs made to any component without the specific consent of Future Mobility Healthcare Inc., or products repaired by anyone other than a Future Mobility Healthcare Inc. dealer. Such evaluation shall be determined by Future Mobility Healthcare Inc.

The foregoing warranty is exclusive and in lieu of all other expressed warranties. It shall not extend beyond the duration of the expressed warranty provided herein and the remedy for violations of any implied warranty shall be limited to repair or replacement of the defective product pursuant to the terms contained herein. Future Mobility Healthcare Inc. shall not be liable for any consequential or incidental damages whatsoever.

This warranty shall be extended to comply with all provincial laws and requirements.

Cut below this line

Warranty Registration Form

To validate your Future Mobility HealthCare warranty, please complete the below form and return it the address at the end of this form. Visit online at www.futuremobility.ca for more Future Mobility Products.

Name: _____
Street Address: _____
City/Country/Postal Code: _____
Telephone: _____
Purchased Date: _____
Purchased From (Dealer Name and Address): _____
Product Purchased: _____
Serial Number: _____

Print and Mail it to:
Future Mobility Healthcare Products
3223 Orlando Drive
Mississauga, Ontario, L4V 1C5
Fax: 905-671-3377

CANADA

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**Future Mobility
Healthcare Inc.**

 **FUTURE
MOBILITY PRODUCTS**