

WARRANTY CARD

24-month Limited Warranty

RITM OKB ZAO warrants to the original purchaser that each new SCENAR and probe(s) are free of defects in workmanship and materials under normal use for a period of 24-month from original purchase date, except for the battery and carrying case. The warranty registration card must be completed and returned to RITM OKB ZAO to validate the warranty.

During the warranty period, RITM OKB ZAO's sole obligation shall be, at RITM OKB ZAO's option, to repair or replace the SCENAR without charge. If the SCENAR is outside the warranty coverage period any requested repairs or replacement charges will be invoiced to the customer.

If RITM OKB ZAO determines there is a defect covered by this warranty, the repaired or replaced product will be shipped back, freight and insurance prepaid. If RITM OKB ZAO determines, in its judgment, that the product does not contain defective workmanship or materials, RITM OKB ZAO will return the product and invoice the customer for the return freight and insurance charges.

The warranty is voided immediately if the product has been subjected to abuse, accidental damage, damage in transit, negligence, acts of nature, or damage resulting from failure to follow operating instructions, or alteration/disassembly by anyone other than RITM OKB ZAO. Opening of the SCENAR case will void the warranty.

RITM OKB ZAO shall not be liable for any direct, indirect, special, incidental or consequential damages, lost profits or medical expenses caused by any defect, failure, malfunction, or otherwise of the product, regardless of the form in which any legal or equitable action may be brought against RITM OKB ZAO (such as contract, negligence, or otherwise). In no event shall RITM OKB ZAO's liability under any cause of action relating to the product exceed the purchase price of the product. Repair or replacement of the device under this warranty will not extend the original warranty time period.

Batteries and carrying cases are excluded from the warranty and are sold as is.

RITM OKB ZAO

SCENAR

WARRANTY REGISTRATION CARD

Name _____

Address _____

City _____ State of Providence _____

Zip or Postal Code _____ Country _____

e-Mail Address _____ Data of Purchase ____/____/____

Serial Number of Device _____

Please provide us with the following information:

Are you: Physician Physical Therapist Occupational Therapist

Other _____

Would you like to receive information concerning product updates, enhancements or new products?

YES NO

Would you like to receive information concerning training information and information on product use protocols?

YES NO