

Certificate of Limited Warranty (Valid in U.S. and Canada)

FOR SHIELD MOUTH GUARDS – IMPORTANT: TO BE COVERED AGAINST
DENTAL INJURY YOU MUST KEEP YOUR ORIGINAL PACKAGE

Shield, of Tonawanda, New York, manufacturer, warrants the within mouthpiece to be free from defects in materials and workmanship which could cause damage or injury to the sound, natural teeth of the purchaser hereof while properly using the same in a supervised athletic contest or in a coach-supervised training session. This guarantee is good for a period of one year from the date of purchase, against any expenditure in an amount not to exceed the amount listed on the specific guard purchased (excess of any valid or collectable insurance), incurred by the user for professional dental services. Manufacturer's responsibility or liability is limited under the following conditions:

1. Payment is limited to the amount listed on your mouth guard package. Payment is made in EXCESS OF ANY VALID OR COLLECTABLE INSURANCE.
2. That written notice of injury and verification from the user and the supervising athletic official accompanied by this certificate must be given to SHIELD 30 days after the occurrence of such an injury.
3. Treatment must be provided by a licensed dentist within 30 days of the date of injury.
4. The mouth guard and the warranty certificate are returned to the manufacturer with the notification of injury. Returned mouth guard becomes the property of SHIELD.
5. This certificate does not provide warranty for: A.) Orthodontic treatment. B.) Preparation of a tooth to be used as an anchor for a bridge. C.) Injury resulting from professional athletics. D.) Injury in hockey competition or practice unless worn in combination with an approved AHAUS face mask. E.) Rodeo activity. F.) Ultimate Cage Fighting activities.
6. No payment shall be made under this certificate of warranty after a period of 3 years from the date written notice of injury is given.
7. Mouth guard must be fitted in accordance with manufacturer's printed instructions.

Date Purchased _____

Name _____

Address _____

City _____ State _____ Zip _____

DO NOT SEND THIS SLIP IN. FILL OUT ABOVE FORM WHEN MOUTH GUARD IS PURCHASED. IN CASE OF INJURY, SEND IN SLIP AT THAT TIME WITH NOTIFICATION OF INJURY.

SHIELD MFG. INC. - 425 FILLMORE AVENUE - TONAWANDA, NY 14150