

OWNER'S MANUAL



IRONMAN MASSAGE STOOL



Model # 9501 & 9502

The specifications of this product may vary from this photo and are subject to change without notice.
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This product is licensed by the IRONMAN TRIATHLON.

TABLE OF CONTENTS

	<i>Page #</i>
Warning label placement	3
<hr/>	
Service	4
<hr/>	
Safety precautions	5
<hr/>	
Overview drawing	5
<hr/>	
Part list	5
<hr/>	
Assembly	6
<hr/>	
Maintenance instructions	8
<hr/>	
Warranty	8
<hr/>	
Part request fax foam	9

WARNING LABEL PLACEMENT

Under Penalty of Law this tag not to be removed except by the consumer

ALL NEW MATERIAL
CONSISTING OF
POLYURETHANE FOAM PAD...100%

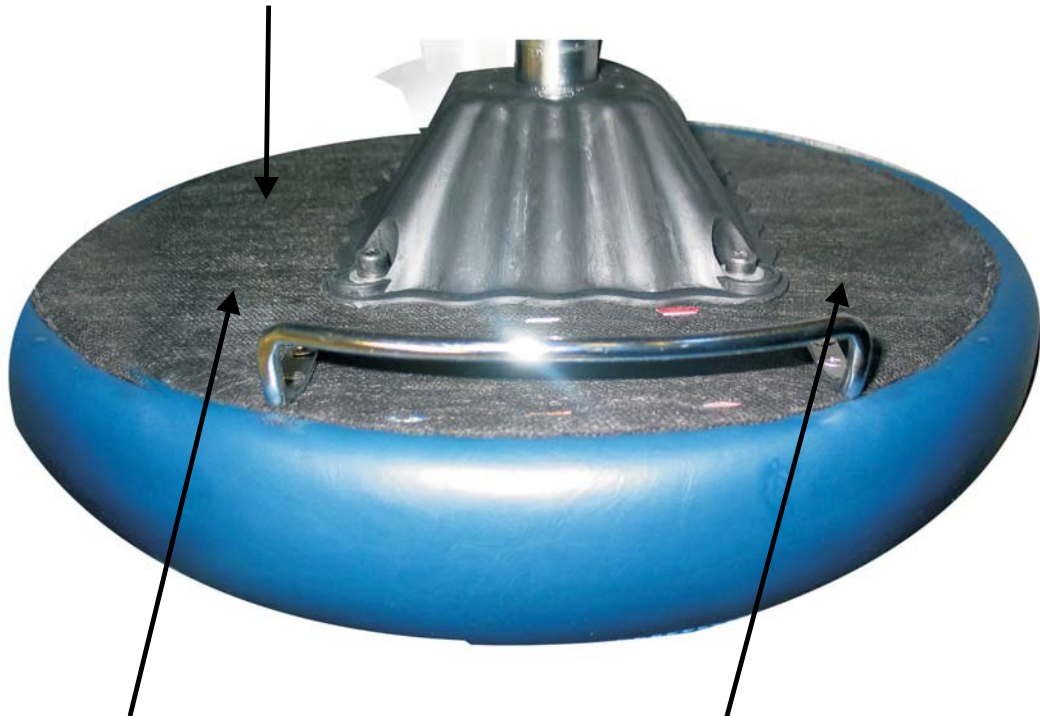
REGISTRY NO.
151321

Certification is made by the manufacturer that the materials in this article are described in accordance with law.

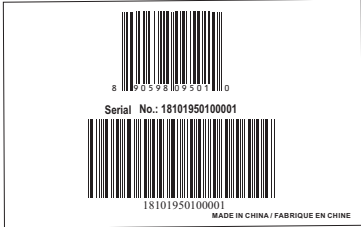
Paradigm Health & Wellness, Inc.
1185 Jellick Ave.
City of Industry, CA 91748

NOTICE

THIS ARTICLE MEET THE FLAMMABILITY REQUIREMENTS OF CALIFORNIA BUREAU OF HOME FURNISHINGS TECHNICAL BULLETIN 117. CARE SHOULD BE EXERCISED NEAR OPEN FLAME OR WITH BURNING CIGARETTES.



!!WARNING!!
Maximum working weight
for this product is
300 LBS / 136KGS



SERVICE

To request for product service and order replacement parts, please call our customer service department at

1-866-924-1688

Monday through Friday, 8:00 am-5:00 pm Pacific Standard Time,
or email at: **service@paradigmhw.com**

Please have the following information ready when requesting for service:

Your name	Phone number	Owner's manual
Model number	Serial number	Part number
Date of Purchase		

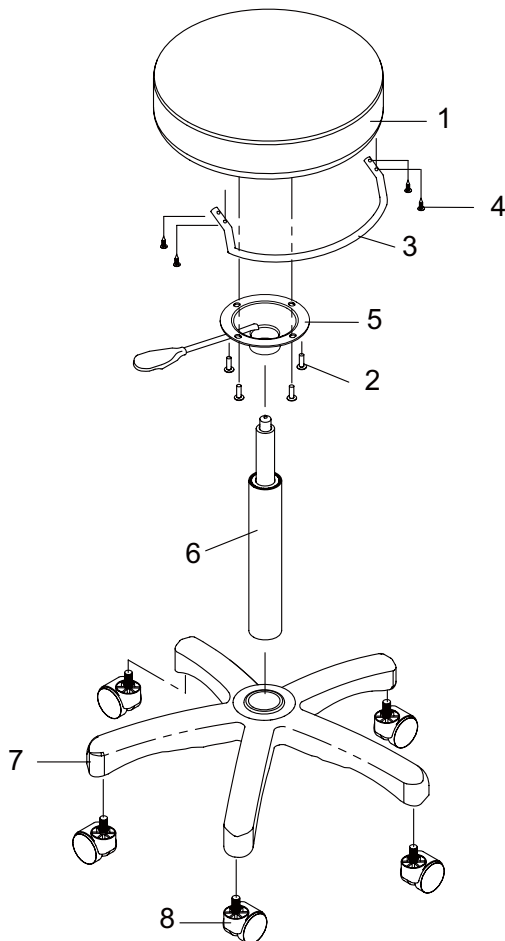
***If the product has major defects which prevent it from functioning properly, please return it to the store of purchase within the period allowed by the store.**

Paradigm Health & Wellness, Inc.
1189 Jellick Ave.
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SAFETY PRECAUTIONS

- (1) Maintain the stool periodically. Make sure all bolts and screws are secure.
- (2) Do not overload the stool beyond the recommended weight limit. This could result in serious injury to the user.
- (3) Do not use alcohol based cleaners when cleaning the vinyl. This could cause damage to the vinyl material. Use warm soapy water and wipe dry.
- (4) Maximum weight capacity- working weight: 300 lbs/136 kgs

OVERVIEW DRAWING & PART LIST



Part#	Description	Quantity
001	Seat Cushion	1
002	Bolt M6x16	4
003	Towel Rack	1
004	Screw M3x16	4
005	Seat Base Support	1
006	Gas Cylinder	1
007	Star Base	1
008	Castor	5

ASSEMBLY

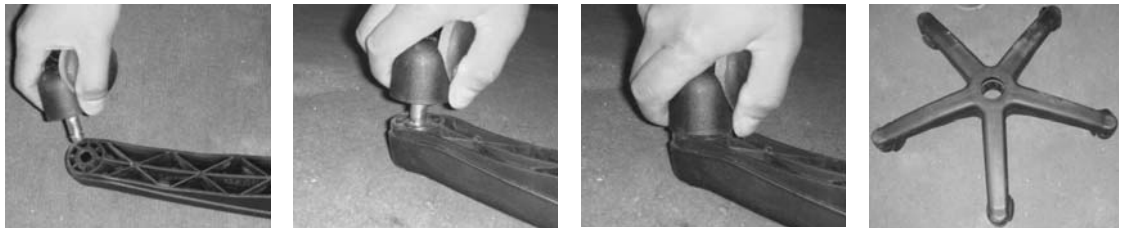
1

No tools required. Parts display.



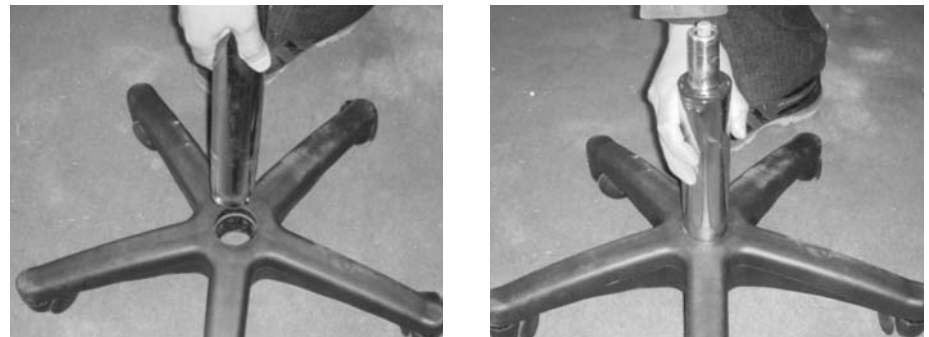
2

Please follow the below steps to insert the Castors (8) into the holes under the Star Base (7).



3

Insert the large end of the Gas Cylinder (6) into the Star Base (7).



ASSEMBLY

4

Insert the Seat Base Support (5) onto the Gas Cylinder (6).



5

Secure the stool by carefully sitting down on the Seat Cushion (1).

Seat Cushion Height Adjustment:

Sit down on the Seat Cushion (1) and then pull the lever up to lower the Seat Cushion (1).



6

The stool has a Towel Rack (3) under the Seat Cushion (1). User can hang a towel there.



MAINTENANCE INSTRUCTIONS

You should check your massage stool for any kind of wear and tear before each use.

1. Check the seat cushion, gas cylinder, and castor for wear and tear.
2. Replace damaged and worn components immediately.
3. Keep all damaged equipment out of use until it is repaired.

WARRANTY

Paradigm Inc. warrants to the original purchaser that this product is free from defects in material and workmanship when used for the purpose intended, under the conditions that it has been installed and operated in according to Paradigm's Owner's Manual. Paradigm's obligation under this warranty is limited to replacing free of charge, any parts which may prove to be defective under normal home use. This warranty does not include any damage caused by improper operation, misuse or commercial application. From the date of purchase, the frame is warranted to be free from defects for 1 (one) year. All parts and workmanship, including electronics and its console cases, upholstery, foam, ball bearings, pulleys, cables, shocks, all tension mechanisms, wheels, pedals and hardware are to be free from defects for 90 days. This warranty is offered only to the original owner and is not transferable. Proof of purchase is required.

PART REQUEST FAX FORM

IRONMAN PARTS REQUEST FAX FORM

Please fax this form to (1-626-810-2166)

OR YOU CAN EMAIL CUSTOMER SERVICE REQUESTS TO
service@paradigmhw.com

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (Day) _____

(Night) _____

(Email Address) _____

SERIAL#: _____

MODEL#: _____

PURCHASE DATE: _____

PURCHASE FROM: _____

PART #	DESCRIPTION	QTY

"YOUR ORDER WILL BE PROCESSED WITHIN 3 BUSINESS DAYS"

OFFICIAL USE ONLY

SHIP DATE: _____

TRK #: _____

BACK ORDER: _____