

# CUSTOM PRODUCTION WORKSHEET

**IMPORTANT INFORMATION!** Look this over carefully! Double check all measurements! This is a custom order and cannot be changed, revised or canceled once placed into production. Please write all measurements in inches. Fill this form out completely and add any additional notes to the Special Instructions box. Item will be made to match this sheet per your specifications.

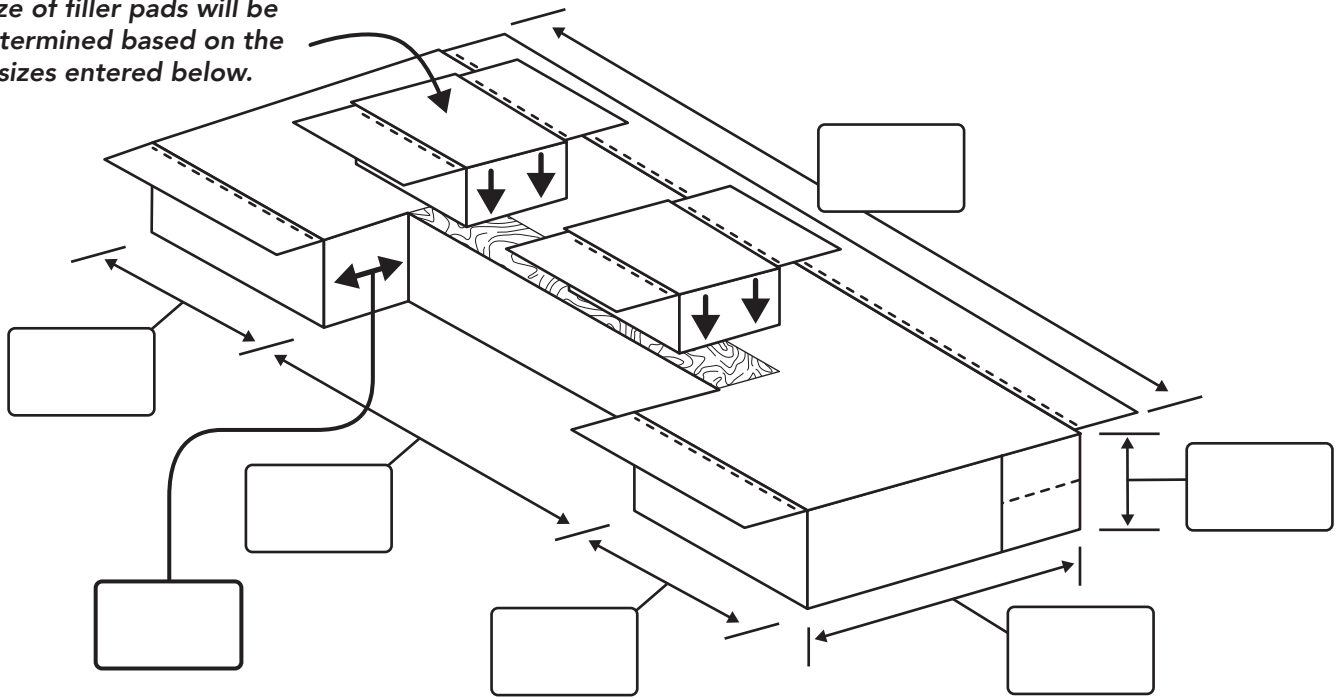
## "C" Shape Beam Leg Pads, Set of 2 Pads

**SPECIAL INSTRUCTIONS:**

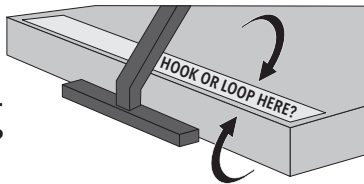
**QTY OF SETS**

- Enter quantity
- Enter sizes (inches only)
- Enter vinyl color
- Enter name, signature, date and email or fax to (310) 830-6675

Size of filler pads will be determined based on the sizes entered below.



Do your mats that Beam Leg Pads will attach to have Hook or Loop fasteners on top?



- Tops of existing mats have:**
- Hook Fastener
  - Loop Fastener

**⚠ IMPORTANT CONSUMER PRODUCT HAZARD WARNING — PLEASE READ!**

A possibility of serious injury, including paralysis or death, is inherent in any activity involving motion or height. Equipment with which this notice is included is intended for use only by properly trained, qualified persons under supervised conditions. Use without proper supervision is dangerous and should not be undertaken or permitted. Know your limitations as well as the limitations of your equipment. Consult a qualified instructor before attempting any new activity or skill. This equipment must be used with proper mats, spotting equipment and qualified spotters for each activity or skill. Use this equipment only for its intended purpose. Do not modify equipment in any way. Inspect each component for damage, loose fittings or signs of wear before each use. Do not use if you have any concern as to the condition of this equipment. Test unit for stability prior to each use. Do not use if you have any concern about the stability, condition or suitability of this equipment. Inspect warning labels and replace when marred or damaged. Before each subsequent use, re-check equipment stability and settings.

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<b>Vinyl Color</b>	Print Your Name _____ Business/Gym _____ Signature _____ Date _____ <input checked="" type="checkbox"/> This item may not be returned if correctly manufactured to customers specification. By signing, customer accepts responsibility for the accuracy of the measurements on this form and has read and understands the consumer hazard warning.
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**CPW 081**