ARRICHION NEW STUDENT FORM

NEW CLIENTS ONLY:

Please do not fill out this form if you have ever visited any Arrichion locations. (Please have the staff look up your information)

First name: _____ **M.I.** ____ **Last Name:** _____

Phone: 1-(_____) _____ *required as a CLIENT ID

Email: _____

*required for cross-regional client look-up

Address: _____

Street Address

_____

City State Zip

Birth Date: _____

{Emergency contact*: _____ (_____)_____}

required Emergency contact name Emergency contact phone number*

Arrichion Use Only

Class taken: _____

☐ **Check ID?**

☐ **NAME, PHONE, EMAIL?**

☐ **Look up Master List?**

Other notes: _____

_____

_____

☐ **Entered ALL info in MB?**

How did you hear about us? ☐ Internet ☐ LivingSocial/Groupon ☐ Flyer/Card/Ads ☐ Signs ☐ Friend

What are your fitness goals? ☐ Improve athletic performance ☐ Balance ☐ Cardio ☐ Flexibility

☐ Strength ☐ Weight Loss ☐ Other (please specify) _____

I,(print full name) _____ hereby agree to the following:

1. That the instruction offered by Arrichion Hot Yoga is limited to that of instruction of yoga and health.
2. That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Arrichion Hot Yoga.
3. I attest that I have no psychological, medical or emotional condition that would prevent me from a safe practice at Arrichion Hot Yoga.
4. I release and discharge Arrichion Hot Yoga, its directors, and its Instructor's from any and all liability, claims, demands or actions that I may have resulting from injury, death or damages arising from my participation in the yoga class, including losses caused by the negligence of the released parties.
5. I agree that any and all information on this registration form and any photographic/video images, or likeness, or voice of the above named registrant/participant while participating at Arrichion, Inc. may be used for commercial, promotional, or administrative purposes. In assigning these rights, I grant Arrichion and its successors, assignees, and licensees to full and irrevocable right to produce, copy, distribute, exhibit, and transmit my voice and likeness in connection with ***Arrichion*** by means of print, website, broadcast or cablecast, videotape, film, webcast or any other electronic or mechanical method now known or hereinafter invented.
6. I recognize that this agreement of release and waiver of liability is a legal contract and that I have complete knowledge of its contents.

_____ _____

Signature (Parent/guardian signature required if under 18 years of age) Date

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☐ $20 for 20 consecutive days of unlimited hot yoga & circuit training (Only for NEW clients—first time visit: show ID)

☐ $20 Drop-in (One class pass)

☐ LivingSocial or Groupon (Only for NEW clients—first time visit; show ID) Voucher #: _____

Payment Options:

☐ Cash ☐ Living Social or Groupon voucher number: _____ (or attach printed certificate)

☐ Gift card #: _____ ☐ Pre-paid online (Through Arrichion? __ yes __ no)

☐ Credit (sorry we do not accept American Express)

Credit Card Number: _____ Sorry, no American Express

Expiration date: _____ CVV 3 or 4 digits (on back of the card) _____

Name on the account: _____ _____

Signature (buyer or parent/guardian)