

Mailing Address:
2240 Lakeshore Dr.
New Orleans, LA 70122
504-284-7678

PEOPLE PROGRAM
Fall 2021 Member Registration Form
& Liability Waiver

Registering For:
West Bank _____
Lakeshore _____
Online Virtual Zoom _____

Submit forms to accounts@peopleprogram.org, mail OR drop-off at either location.
Classes will be filled on a first-come first-serve basis (date & time stamped by staff upon receipt).
Registration is not complete until payment is received by check or card payment by phone.

Name: Mr. / Mrs. / Ms. / _____ First: _____ Last: _____

Mailing Address _____

City _____ State _____ Zip: _____

Home (_____) Cell (_____) E-mail address _____

May we list your contact info in our member directory? Y / N Member Status: New / Renewal

Payment: **\$200 / semester Unlimited Onsite & Virtual Classes OR \$150 / semester Virtual Only**

- My check (payable to People Program) is attached to this form
- I will call the office at 504-284-7678 & pay using my credit or debit card (do NOT write card here)

Demographics (Requested by grantors)

Birth date _____ / _____ / _____
(Month) (Day) (Year)

Male _____ Female _____

Single _____ African-American _____
Married _____ Asian _____
Divorced _____ Hispanic/Latino _____
Widowed _____ Native American _____
Caucasian _____
Other _____

***Emergency Contact* Required**

Name _____

Relationship _____

Phone (area code) (_____) _____

Cell (area code) (_____) _____

Referred by: I heard about People Program from...

I could teach: _____

Additional courses I'd like to have offered next time: _____

Liability Waiver: Have you signed the liability waiver ("Assumption of Risk") a prior year? ___ If not, Sign last page.

Permission: I give permission to People Program, Inc. to use my image and video for promotional use and on Zoom (if applicable). Signature _____ Date _____

COVID vaccination: You must be fully vaccinated to attend on-campus classes. *I hereby attest that I have been fully vaccinated for the COVID 19 virus.*

Signature _____ Date _____

FOR OFFICE USE ONLY Date & Time Received: _____ Registrar's Initials: _____

Paid: \$200 All Onsite & Virtual Classes / \$150 Virtual-Only / Other: _____

Method: Check / Debit or Credit Swipe Machine / Staff Paypal ~ Payment Processing Date & Time: _____

Name: _____ Phone: _____

INSTRUCTIONS:

Review the online or print class schedule. Carefully register for each class you wish below. Please be sure to record on the correct day of the week, and include the class number, name, and time it meets to insure that you are registered for the intended class on the correct day. You must complete this page and the next in order to register.

REFUND POLICY: * Please note, there has been a change of policy. *

Full refund will be issued, less processing fee, if requested by September 17, 2021. There will be NO refunds after September 17, 2021. A \$10.00 processing fee will be charged for all refunds. Registration rollovers have been discontinued per our auditors.

MONDAY

| | | |
|-----------------|-------------------|-------------|
| Class # M _____ | Class Name: _____ | Time: _____ |
| Class # M _____ | Class Name: _____ | Time: _____ |
| Class # M _____ | Class Name: _____ | Time: _____ |
| Class # M _____ | Class Name: _____ | Time: _____ |

TUESDAY

| | | |
|-----------------|-------------------|-------------|
| Class # T _____ | Class Name: _____ | Time: _____ |
| Class # T _____ | Class Name: _____ | Time: _____ |
| Class # T _____ | Class Name: _____ | Time: _____ |
| Class # T _____ | Class Name: _____ | Time: _____ |

WEDNESDAY

| | | |
|-----------------|-------------------|-------------|
| Class # W _____ | Class Name: _____ | Time: _____ |
| Class # W _____ | Class Name: _____ | Time: _____ |
| Class # W _____ | Class Name: _____ | Time: _____ |
| Class # W _____ | Class Name: _____ | Time: _____ |

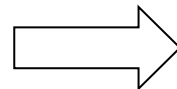
THURSDAY

| | | |
|------------------|-------------------|-------------|
| Class # TH _____ | Class Name: _____ | Time: _____ |
| Class # TH _____ | Class Name: _____ | Time: _____ |
| Class # TH _____ | Class Name: _____ | Time: _____ |
| Class # TH _____ | Class Name: _____ | Time: _____ |

FRIDAY

| | | |
|-----------------|-------------------|-------------|
| Class # F _____ | Class Name: _____ | Time: _____ |
|-----------------|-------------------|-------------|

REMEMBER TO COMPLETE REQUIRED INFO ON NEXT PAGE



FOR YOUR RECORDS...

Your Copy: PEOPLE PROGRAM Fall 2021 SCHEDULE

MONDAY

Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____

TUESDAY

Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____

WEDNESDAY

Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____

THURSDAY

Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____
Class Name: _____ Time: _____ Location & Room/Zoom: _____

FRIDAY

Class Name: _____ Time: _____ Location & Room/Zoom: _____

CONFIRMATION: You are accepted into the classes for which you registered after payment is received unless you are contacted and informed otherwise.

Please keep this form for your records.

This page has intentionally been left blank.

Please print with your application.

=ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY:

1. ASSUMPTION OF THE RISK. The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her voluntary participation in programs and events of **People Program, Inc.** including, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect in the vehicles used for transport, or the unavailability of emergency care. The undersigned does not assume the risks of injuries caused by the gross negligence, or willful or wanton misconduct of any officials, officers, employees, or agents of **People Program, Inc.**
2. RELEASE. The undersigned releases **People Program, Inc.** and all of its officers, trustees, employees and agents not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, and/or cost of expenses arising out of the activities involved in programs and off site trips and activities including those claims, causes of action, injuries, illnesses, damages, and/or cost of expenses based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released.
3. WAIVER. The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.
4. INDEMNITY. The undersigned agrees to indemnify **People Program, Inc.** and all of its officers, trustees, employees and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the indemnitee or any others, injury or death that may result to the undersigned or anyone else.
5. REPRESENTATIVES. The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
6. INSURANCE. The undersigned understands that **People Program, Inc.** does not carry medical insurance to cover any possible losses the undersigned may incur as a result of his or her voluntary participation in programs and offsite trips and activities. The undersigned is encouraged to have a medical physical exam and purchase health insurance prior to any and all participation.
7. ACKNOWLEDGEMENT. THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT AND REALIZES IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY. MOREOVER, THE UNDERSIGNED UNDERSTANDS THAT HIS OR HER PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____