

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

**PEOPLE PROGRAM**  
**Spring 2022 Member Registration Form**  
**& Liability Waiver**

Registering For:  
West Bank \_\_\_\_\_  
Lakeshore \_\_\_\_\_  
Online Virtual Zoom \_\_\_\_\_

Submit forms to [secretary@peopleprogram.org](mailto:secretary@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 )HEXU . There will be NO refunds after )HEXU . 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: _____

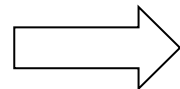
**THURSDAY**

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: _____
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**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: \_\_\_\_\_