

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

PEOPLE PROGRAM
Fall 2022 Member Registration Form
& Liability Waiver

Registering for:
West Bank _____
Lakeshore _____
Online by Zoom _____

To Submit your Registration Form: *bring to either location, mail to the address above, or simply email to register@peopleprogram.org*

Classes will be filled on a first-come, first-served 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: _____

Phone (_____) _____ E-mail address _____

Payment:

\$200/semester Unlimited Onsite & Zoom Classes OR \$150 /semester Zoom 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)

<u>Demographics</u> (Requested by grantors)		<u>*Emergency Contact* Required</u>	
Birth date _____ / _____ / _____ (Month) (Day) (Year)		Name _____	
Male _____ Female _____		Relationship _____	
Single _____		Phone (_____) _____	
Married _____		<u>*Liability Waiver* Required</u>	
Widowed _____		_____ I have read the attached Liability Waiver (Initials)	
African-American _____	Asian _____	<u>*Member Status*</u> : (circle one) <u>New</u> or <u>Renewing</u>	
Hispanic/Latino _____	Native American _____		
Caucasian _____	Other _____		

Permission:

I give permission to People Program to list my contact info in the member directory Y / N

I give permission to People Program to use my image and video for promotional use Y / N

If you are NOT currently teaching, would you consider being a teacher in the future? Y / N

If yes, what class would you like to teach? _____

If you are new to the PP, how did you hear about us? _____

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

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

Check / Debit or Credit Machine / Staff PayPal Check #: _____

REFUND POLICY:

A full refund will be issued, less processing fee, if requested by September 6, 2022.

There will be NO refunds after September 6, 2022. A **\$20.00 Processing Fee** will be charged for all refunds. Registration rollovers have been discontinued per our auditors.

Review the online or print class schedule. Carefully record each class you'd like to take below. Be sure to record on the correct day of the week, and include the class number, class name, and time to ensure that you are registered for the intended class on the correct day.

MONDAY

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: _____

WEDNESDAY

Class # W _____ Class Name: _____ Time: _____

Class # M _____ Class Name: _____ Time: _____

Class # M _____ Class Name: _____ Time: _____

THURSDAY

Class # TH _____ Class Name: _____ Time: _____

Class # TH _____ Class Name: _____ Time: _____

Class # TH _____ Class Name: _____ Time: _____

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

FOR YOUR RECORDS...

Your Copy: PEOPLE PROGRAM Fall 2022 SCHEDULE

MONDAY

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: _____

WEDNESDAY

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: _____

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.

=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: _____