

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

PEOPLE PROGRAM
FALL 2023 REGISTRATION
& Liability Waiver

Registering for:
Eastbank _____
Westbank _____
Online Zoom _____

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

Name: First: _____ Last: _____

Email Address: _____
(It is important that we have an email address to register you in classes.)

Phone (_____) _____ Second Phone (_____) _____

Mailing Address _____

City _____ State _____ Zip: _____

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 _____	
		Phone (_____) _____	
Single _____		<u>*Liability Waiver* Required</u>	
Married _____		_____ I have read the attached Liability Waiver	
Widowed _____		(Initials) _____	
African American _____		-----	
Asian _____		<u>*Member Status*</u> : (circle one) <u>New</u> or <u>Renewing</u>	
Hispanic/Latino _____			
Native American _____			
Caucasian _____			
Other _____			

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

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

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

****REFUND POLICY****

A full refund will be issued, less a processing fee of \$15, if requested by **September 11, 2023**. There will be **NO** refunds after September 11, 2023. A **\$15 Processing Fee** will be charged for all refunds.

_____ I understand the Refund Policy.
(Initials)

<u>FOR OFFICE USE ONLY</u> Date & Time Received: _____ Staff's Initials: _____	
Paid: <input type="checkbox"/> \$200 All Onsite & Virtual Classes <input type="checkbox"/> \$150 Zoom-Only / <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Check / <input type="checkbox"/> Debit or Credit Machine / <input type="checkbox"/> Staff PayPal Check #: _____	

Classes you would like to take:

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 name, and time to ensure that you are registered for the intended class on the correct day.

MONDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

TUESDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

WEDNESDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

THURSDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

Class Name: _____ Time: _____ EB WB Zoom (circle one)

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

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TUESDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)
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Class Name: _____ Time: _____ EB WB Zoom (circle one)
Class Name: _____ Time: _____ EB WB Zoom (circle one)
Class Name: _____ Time: _____ EB WB Zoom (circle one)

WEDNESDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)
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Class Name: _____ Time: _____ EB WB Zoom (circle one)
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THURSDAY

Class Name: _____ Time: _____ EB WB Zoom (circle one)
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Class Name: _____ Time: _____ EB WB Zoom (circle one)
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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: _____