

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

**PEOPLE PROGRAM**  
**SUMMER 2023 REGISTRATION**  
**& Liability Waiver**

Registering for:  
Eastbank \_\_\_\_\_  
Online Zoom \_\_\_\_\_

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

**\$80/semester Unlimited Onsite & Zoom Classes OR \$60 /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)

**Demographics** (Requested by grantors)

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)  
Male \_\_\_\_\_ Female \_\_\_\_\_

Single \_\_\_\_\_ African American \_\_\_\_\_  
Married \_\_\_\_\_ Asian \_\_\_\_\_  
Widowed \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_  
Native American \_\_\_\_\_  
Caucasian \_\_\_\_\_  
Other \_\_\_\_\_

**\*Emergency Contact\* Required**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

**\*Liability Waiver\* Required**

\_\_\_\_\_ I have read the attached Liability Waiver  
(Initials)

**\*Member Status\*:** (circle one) New or Renewing

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 **June 27, 2023**.  
There will be NO refunds after June 27, 2023. A **\$15 Processing Fee** will be charged for all refunds.

\_\_\_\_\_ **I understand the Refund Policy.**  
(Initials)

**FOR OFFICE USE ONLY** Date & Time Received: \_\_\_\_\_ Staff's Initials: \_\_\_\_\_

Paid:  \$80 All Onsite & Virtual Classes  \$60 Zoom-Only

Check /  Debit or Credit Machine /  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.***

### **TUESDAY**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

### **WEDNESDAY**

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

Class Name: \_\_\_\_\_ Time: \_\_\_\_\_ EB Zoom (circle one)

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| <b>CONFIRMATION: You are accepted into the classes for which you registered after payment is received unless you are contacted and informed otherwise.</b> |
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**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: \_\_\_\_\_