



Individual Registration Form – 2018

Please complete and return to your local K-State Research and Extension office.

Name _____

Mailing Address _____

City _____ Zip Code _____ County/District _____

Email _____ Phone _____ Gender Male Female

Team Captain _____ Team Name _____

If this is a work-site team, please specify company/organization _____

Which age range are you in? (Check one)

- Under 5 5 - 12 13 - 17 18 - 24 25 - 34
 35 - 44 45 - 54 55 - 64 65 - 74 75 and over

Which of the following best describes you? (Check one)

- American Indian/Native American Asian Black/African American
 Bi-racial Hispanic or Latino Native Hawaiian/Pacific Islander
 White Other

I wish to participate in the Walk Kansas physical activity program for the purpose of physical fitness. I understand that I should have medical approval from my health care professional if I:

- » have chronic health problems such as heart disease or diabetes.
- » have been told by my doctor that I have high blood pressure.
- » have pains in my heart and/or chest area.
- » have any physical conditions or problems that might require special attention in an exercise program.
- » feel dizzy or have spells of severe dizziness.
- » have a bone or joint condition, such as arthritis, that might be made worse by an exercise I am not accustomed to, or a vigorous exercise program.
- » am a male over age 45 or a female over age 55 AND not accustomed to vigorous exercise.

I agree to accept full responsibility for any injuries I may sustain while participating in this program.

Participant Signature _____ **Date** _____

Parent/Guardian Signature (If under 18) _____ **Date** _____

PUBLICITY RELEASE

- I authorize** K-State Research and Extension to record and photograph my image and/or voice for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension.
- No, I do not authorize** use of my individual image or voice.