

# Individual Registration Form – 2015

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **County/District** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Gender**  Male  Female

**Team Captain** \_\_\_\_\_ **Team Name** \_\_\_\_\_

**If this is a worksite team, please specify company/organization** \_\_\_\_\_

**Which age range are you in?** (Check one)

- 17 and under       18 – 29       30 – 44  
 45 – 59       60 – 74       75 and over

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

- American Indian/Native Alaskan       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** \_\_\_\_\_

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**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.

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