

Individual Registration Form – 2017

Please complete	and return to your local I	K-State Research and Exte	ension office.	
Name				
Mailing Address				
City	_ Zip Code	County/Dis	trict	
Email	Phon	e	Gender \square Male \square Fer	nale
Team Captain	Team	ı Name		
If this is a work-site team, please specif	y company/organizatio	on		
	17 □ 18 - 24 64 □ 65 - 74	□ 75 and over □ Black/Afri	ican American awaiian/Pacific Islander	
I wish to participate in the Walk Kans that I should have medical approval fr » have chronic health problems suc » have been told by my doctor that » have pains in my heart and/or che » have any physical conditions or pour sells of severe » have a bone or joint condition, su to, or a vigorous exercise program » am a male over age 45 or a femal I agree to accept full responsibility	rom my health care protein as heart disease or distributed by the set area. Toblems that might recordizations. Total as arthritis, that might in the set area. The set area.	ofessional if I: liabetes. ssure. quire special attention in the made worse by a secustomed to vigore	n an exercise program. an exercise I am not accustomed ous exercise.	
Participant Signature		-		
Parent/Guardian Signature (If under				
PUBLICITY RELEASE ☐ I authorize K-State Research and E educational and promotional program erty of K-State Research and Extensio ☐ No, I do not authorize use of my in the company in th	ns. I also recognize tha n.	t these audio, video an		



Walk Kansas