



## Registration

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** \_\_\_\_\_

### FOLLOW-UP SURVEY

- I am willing** to participate in a brief follow-up survey 6 months after Walk Kansas.

### 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.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

**K-State Research and Extension is an equal opportunity provider and employer.**

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact the Director of Institutional Equity, Kansas State University, 103 Edwards Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785-532-4807.