



# Walk Kansas

*a fitness challenge*

## Individual Registration Form – 2010

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Gender (check one)  Male  Female

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

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

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

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

***I wish to participate voluntarily in the Walk Kansas physical activity 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, like arthritis, that might be made worse by an exercise 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: \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years old)

***Please complete and return this form to your local Extension Office.*** \_\_\_\_\_

**Kansas State University Agricultural Experiment Station and Cooperative Extension Service**

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