



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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