



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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