



WALK KANSAS

K-STATE
Research and Extension

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.