



## Individual Registration Form – 2019

Please complete an	nd return to your local	K-State Research and	d Extension office.	
Name				
Mailing Address				
CityZip Code		County/District		
Email	Phon		Gender 🗆 Male	☐ Female
Team Captain	Team	n Name		
If this is a work-site team, please specify c	company/organization	on		
Which age range are you in? (Check one)  Under 5	□ 65 - 74 u? (Check one)	□ 75 and over	/AC: A :	
□ Bi-racial □	Asian   Hispanic or Latino   Other		:/African American /e Hawaiian/Pacific Islander	
I wish to participate in the Walk Kansas that I should have medical approval from have chronic health problems such a have been told by my doctor that I have pains in my heart and/or chest have any physical conditions or problem have a bone or joint condition, such to, or a vigorous exercise program.  By a male over age 45 or a female of the problem is a male over age 45 or a female of the problem.	n my health care pro as heart disease or o have high blood pre area. olems that might rec zziness. as arthritis, that mig over age 55 AND no	ofessional if I: diabetes. essure. quire special attent ght be made worse ot accustomed to v	ion in an exercise program. e by an exercise I am not acc rigorous exercise.	
Participant Signature			Date	
Parent/Guardian Signature (If under 1	8)		Date	
FOLLOW-UP SURVEY				
☐ <b>I am willing</b> to participate in a brief fo	ollow-up survey 6 m	onths after Walk K	ansas.	
PUBLICITY RELEASE				
☐ <b>I authorize</b> K-State Research and Extending Extending Extending Extension    I authorize K-State Research and Extension.				
$\square$ <b>No, I do not authorize</b> use of my ind	dividual image or vo	ice.		

Kansas State University Agricultural Experiment Station and Cooperative Extension Service