

Please complete and return to your local K-State Research and Extension office.

REGISTRATION

| Name | | |
|---|---|---|
| Mailing Address | | |
| City | Zip Code | County/District |
| Email | Phone | |
| Gender □ Male □ Female □ Non-binary □ Choose not to provide | | |
| Team Captain Team Name | | |
| If this is a work-site team, please specify company/organization | | |
| Age? (Check one) | | |
| □Under 5 □5 - 17 □18 | - 29 □30 - 59 □60-7 | 5 □ 75 and over |
| Race? (Check one) ☐ American Indian/Alaskan Native ☐ White/Caucasian ☐ Choose not to provide | ☐ Asian ☐ Native Hawaiian/Pacific Island | ☐ Black/African American er ☐ Two or more races |
| Ethnicity ☐ Hispanic or Latino | ☐ Not Hispanic or Latino | ☐ Choose not to provide |
| 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 und | er 18) | |
| FOLLOW-UP SURVEY | | |
| \square 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

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K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Program information may be available in languages other than English. Reasonable accommodations for persons with disabilities, including alternative means of communication (e.g., Braille, large print, audio tape, and American Sign Language) may be requested by contacting the event contact Sharolyn Jackson four weeks prior to the start of the event at sharolyn@k-state.edu. Requests received after this date will be honored when it is feasible to do so. Language access services, such as interpretation or translation of vital information, will be provided free of charge to limited English proficient individuals upon request.