



Individual Registration Form – 2018

Please complete	and return to your local I	K-State Research and Extension office.	
Name			
Mailing Address			
City	Zip Code	County/District	
Email	Phon	ne Gender $\ \square$ Male	☐ Female
Team Captain	Team	n Name	
If this is a work-site team, please specify	y company/organizatio	ion	
	17 □ 18 - 24 54 □ 65 - 74	□ 75 and over □ Black/African American	
I wish to participate in the Walk Kansa that I should have medical approval fr » have chronic health problems such » have been told by my doctor that	om my health care pro h as heart disease or d	diabetes.	rstand
 » feel dizzy or have spells of severe » have a bone or joint condition, sucto, or a vigorous exercise program 	roblems that might rec dizziness. ch as arthritis, that mig n.	quire special attention in an exercise program. ght be made worse by an exercise I am not accus ot accustomed to vigorous exercise.	stomed
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	
	ns. I also recognize tha n.	d photograph my image and/or voice for use in reat these audio, video and image recordings are the	

Kansas State University Agricultural Experiment Station and Cooperative Extension Service