

### Individual Registration Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

Facebook Handle \_\_\_\_\_ Gender ☐ Male ☐ Female

Are you registering with a team? ☐ Yes ☐ No If no, are you interested joining one? ☐ Yes ☐ No

Team Captain \_\_\_\_\_ Team Name \_\_\_\_\_

If this is a work-site team, please specify the 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    ☐ White  
☐ Native Hawaiian/Pacific Islander    ☐ Other    If other, please specify \_\_\_\_\_

I wish to participant in the Let's Walk Florida! physical activity promotion program. 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 \_\_\_\_\_

### PUBLICITY RELEASE

- ☐ **I authorize** UF IFAS Extension to record and photograph my/my child's 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 UF IFAS Extension.
- ☐ **No, I do not authorize** use of my/my child's individual image or voice.

UF/IFAS Extension is committed to providing access, equal opportunity and reasonable accommodation for its services, programs, and activities. Persons needing accommodations to participate in this program should notify your local University of Florida/IFAS Extension office when returning this form.