

HITT LEVEL 1 COURSE APPLICATION

The USMC High Intensity Tactical Training (HITT) Program is a comprehensive combat-specific strength and conditioning program that is essential to a Marine's physical development, combat readiness and resiliency. Program emphasis is on key components with relation to superior speed, power, strength, flexibility, endurance and overall combat readiness while reducing the likelihood of injury and ensuring that all Marines are physically prepared for real-time/tactical situations while in theatre.

COURSE INFORMATION:				
LOCATION:		DATES:	TIME:	
PARTICIPANT INFORMATIC	<u>)N:</u>			
PARTICIPANT'S NAME (Last,	First):	RANK:	EDIPI #:	
MALE FEMALE	COMMAND:	EMAIL:		
WORK PHONE:		CELL PHONE	2	
EMERGENCY POINT OF CONTACT:			EMERGENCY CONTACT PHONE #:	
-		RELEASE AND WAIVER		
In connection with such engag, may be suffered during any nur is not a substitute for physician and I acknowledge that I have these risks associated with this condition, vehicles, other partic fully and forever release, acqui claims, demands, actions, caus and relinquish all rights, whether affiliates, in any way connected on my heirs and assigns and si aforementioned event or activit	ament, I acknowledge that inition programming, phys- 's prescription, and that M been advised to check wi event or activity may incl ipants, and lack of hydrat t and discharge MCCS, S ses of action and expense er contingent accrued incl d with or relating to Nutriti- hall run in favor of the abor y.	It the possibility exists that certain physi- ical exertion, or exercise. I acknowledg ACCS professionals administering the p th my physician prior to starting any nev lude, but are not limited to, injuries caus tion. I hereby fully assume all risks asso bemper Fit, and their instructors from all es, including without limitation, attorney' hoate or otherwise, which I may have a on and Fitness Programs, Personal Tra ove-named persons or entities and any	cal changes and various risks may occur and (or) injuries e that nutrition and (or) fitness advice and programming rogram are not physicians. I assume the risk thereof, w exercise or nutrition program. I further understand that ed by equipment, terrain, weather, my personal physical ociated with this event or activity and shall indemnify and known obligations, losses, damages, liabilities, injuries, s fees and costs (collectively "claims") and hereby waive gainst any and all fitness center employees or its ining, or Fitness Center use. This waiver shall be binding individuals in any way connected with the	
			DATE:	
		AND PARTICIPATION AUTHORIZATIO		
NAME (Last, First) (E-6 and above):		RANK:	RANK:	
COMMAND:		WORK PHO	WORK PHONE:	
CELL PHONE:		EMAIL ADD	EMAIL ADDRESS:	
I authorize the above service m	ember to participate in th	e HITT Course and will hold them accou	untable for attending this course.	
AUTHORIZING COMMAND SIGNATURE:			DATE:	
*Completed forms must be turr	ned in 1 week prior to the s	start of the course. This form does not gu	the HITT Coordinator at Main Semper Fit Gym. Jarantee or reserve a space until registration is completed HITT Level 1 Certificates given upon successful	
SORN NM01700-1		PRIVACY ACT STATEMENT		
include: Expenditure tracking; e Routine Uses: a. Provides e	de for the administration o emergency contact inform mergency contact informa	of programs devoted to the mental and p nation; and Activity level determination by	essment of authorized patrons into appropriate level of	

Disclosure: Disclosure of personal information is voluntary. However, if requested information is not provided, participation in the HITT Course will not be approved.