



# HITT

## LEVEL 1 COURSE

21 - 24 MAY 0730 - 1530

### MCRD PI FITNESS CENTER

*Active Duty only. Class size limited to 25 participants. Register by 18 May.*

**For more information, contact Jason Clark at 843-228-7170 / 1504 or [jason.clark@usmc-mccs.org](mailto:jason.clark@usmc-mccs.org).**

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.

*Please consult your physician before beginning any exercise program.*



Disclaimer: No Federal or DoD endorsement implied

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## LEVEL 1 COURSE REGISTRATION DEADLINE 18 MAY

*All information must be completed for valid registration. Register by dropping the completed form in the security box near the front desk at either Fitness Center or by emailing to [jason.clark@usmc-mccs.org](mailto:jason.clark@usmc-mccs.org)*

Participant Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Yes I am able to attend the full course 21 - 24 May 0730-1530: \_\_\_\_\_ (initials)

Yes I have received approval from my supervisor or command to attend: \_\_\_\_\_ (initials)

### PRIVACY ACT STATEMENT

**Authority:** 10 USC 5013; 10 USC 5041 MCO P1700.27B

**Principal Purpose:** To provide registration of active duty Marines to compete in the Marine Corps High Intensity Tactical Training (HITT) Level 1 Course.

**Routine Uses:** Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. The DoD Blanket Routine uses may apply to this system of records.

**Disclosure:** Disclosure of personal information is voluntary. However, if requested information is not provided, participation in the HITT Level 1 Course will not be approved.

### RELEASE AND WAIVER

In connection with such engagement, I acknowledge that the possibility exists that certain physical changes and various risks may occur and (or) injuries may be suffered during any nutrition programming, physical exertion, or exercise. I acknowledge that nutrition and (or) fitness advice and programming is not a substitute for physician's prescription, and that MCCS professionals administering the program are not physicians. I assume the risk thereof, and I acknowledge that I have been advised to check with my physician prior to starting any new exercise or nutrition program. I further understand that these risks associated with this event or activity may include, but are not limited to, injuries caused by equipment, terrain, weather, my personal physical condition, vehicles, other participants, and lack of hydration. I hereby fully assume all risks associated with this event or activity and shall indemnify and fully and forever release, acquit and discharge MCCS, Semper Fit, MCRD Parris Island Fitness Center, MCAS Beaufort Fitness Center, TCMH Laurel Bay, their instructors or any persons involved with this program from all known obligations, losses, damages, liabilities, injuries, claims, demands, actions, causes of action and expenses, including without limitation, attorney's fees and costs (collectively "claims") and hereby waive and relinquish all rights, whether contingent accrued inchoate or otherwise, which I may have against any and all fitness center employees or its affiliates, in any way connected with or relating to Nutrition and Fitness Programs, Personal Training, or Fitness Center use. This waiver shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned event or activity.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's/Command's Signature: \_\_\_\_\_ Date: \_\_\_\_\_