



HITT

HIGH INTENSITY TACTICAL TRAINING

HITT 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: **Bldg. 2525, HITT Program, MCAS Miramar** DATES: _____ / TIME: **0730-1600** / HITT Course Level 1: _____ / HITT Course Level 2: _____

PARTICIPANT INFORMATION:

PARTICIPANT'S NAME (Last, First): _____ RANK: _____ EDIP #: _____

COMMAND: _____ EMAIL: _____

WORK PHONE: _____ / CELL PHONE: _____

EMERGENCY POINT OF CONTACT: _____ / EMERGENCY CONTACT PHONE #: _____

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, and their instructors 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: _____

COMMAND PARTICIPATION AUTHORIZATION

PARTICIPANT'S SUPERVISOR'S NAME (Last, First): _____ (E-6 and above): RANK: _____

COMMAND: _____ WORK PHONE: (_____) _____

CELL PHONE: _____ EMAIL ADDRESS: _____

I authorize the above service member to participate in the HITT Course and will hold them accountable for attending this course.

AUTHORIZING COMMAND SIGNATURE: _____ RANK: _____ DATE: _____

Completed Forms are to be submitted via in-person, or email to the following:

- Randy Saldivar, HITT Program Manager (Randy.Saldivar@usmc-mccs.org) at the HITT Center, Bldg. 2525
- Riana Rohmann, Semper Fit Fitness Director (Riana.Rohmann@usmc-mccs.org) at the Semper Fit Admin, Bldg. 2525.

**Completed forms must be turned in 1 week prior to the start of the course. This form does not guarantee or reserve a space until registration is completed and approved by the HITT Coordinator. Class size is limited. Active Duty and Reservists only. Certification of Completion for the HITT Course will be given upon completion.*

SORN NM01700-1

PRIVACY ACT STATEMENT

Authority: 10 USC 5013; 10 USC 5041; 26 USC 6041

Principal Purpose: To provide for the administration of programs devoted to the mental and physical well-being of authorized Patrons, to include: Expenditure tracking; emergency contact information; and Activity level determination by sports facility personnel.

Routine Uses: (a). Provides emergency contact information when needed. (b). Allows for the assessment of authorized patrons into appropriate level of activity to minimize the risk of injury and maximize client well-being. (c). Serves as the program record for all accounting functions.

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