The **WARR Performance and Total Health (WARR–PaTH)** program is a 24-day training and education initiative for active-duty Marines who have been assigned to the Body Composition Program (BCP). It focuses on improving fitness and body composition, enhancing PFT/CFT performance, delivering evidence-based wellness education, and strengthening overall readiness and resilience.

COURSE INFORMATION:

LOCATION: CYCLE DATE: TO

PARTICIPANT INFORMATION:

PARTICIPANTS NAME (LAST, FIRST):

RANK: MALE: FEMALE: EDIPI:

COMMAND: WORK EMAIL:

WORK DSN: CELL PHONE:

EMERGENCY POINT OF CONTACT: EMERGENCY POC PHONE#:

COMMAND S-3 AUTHORIZATION

DATE ASSIGNED TO BCP: TO

WOULD YOU LIKE TO ENROLL THIS MARINE FOR THE REMAINDER OF THEIR BCP PERIOD? YES NO

ASSIGNED TO LIMITED OR LIGHT DUTY: YES NO

*(*Limited/Light Duty may not participate in the WARR-PaTH Program)*

S3 NAME: S3 STAMP:

S3 SIGNATURE

COMPANY COMMANDER AUTHORIZATION

The individual signing on behalf of the Command must hold the billet of Company Commander and possess the authority to commit the above-named Marine to participate in the WARR–PaTH program. By signing, the Company Commander affirms both their authority to authorize this Marine's enrollment and their responsibility to ensure the Marine fulfills the program requirements in full.

I hereby authorize the above-named Marine to participate in the Warrior Athlete Readiness & Resilience – Performance & Total Health (WARR–PaTH) program during the designated timeframe listed above. I release this Marine from regular duties for the duration of the scheduled sessions and authorize their full participation in the WARR–PaTH program in its entirety.

By signing below, I acknowledge that I will hold this Marine accountable for meeting this commitment and fulfilling all requirements of the WARR–PaTH program.

NAME (RANK, LAST, FIRST): COMMAND:

WORK EMAIL: WORK DSN:

SIGNATURE: DATE:

MARINES ARE REQUIRED TO PARTICIPATE IN AT LEAST 85% OF THE COURSE (21 OUT OF 24 DAYS). COMMANDS WILL RECEIVE WEEKLY ATTENDANCE CONFIRMATIONS. FAILURE TO COMPLETE AT LEAST 85% OF THE COURSE MAY RESULT IN THE REMOVAL FROM THE PROGRAM.

COMPLETION OF THIS FORM DOES NOT GUARANTEE OR RESERVE A SPOT IN THE COURSE. REGISTRATION IS CONFIRMED UPON APPROVAL BY THE HEALTH PROMOTION PROGRAM MANAGER.

THIS COURSE IS EXCLUSIVELY OPEN TO ACTIVE-DUTY MARINES WHO HAVE BEEN FORMALLY ASSIGNED TO THE BODY COMPOSITION PROGRAM.

Marine Corps Community Services (MCCS) Okinawa
Semper Fit – Liability and Publicity Release Form

In consideration of being permitted to participate in MCCS Semper Fit programs, classes, events, or activities, I, the undersigned participant (or parent/legal guardian if participant is a minor), acknowledge and agree to the following:

1. Assumption of Risk and Waiver of Liability
I understand that participation in physical fitness activities—including but not limited to cardiovascular exercise, strength training, flexibility, and recreational sports—carries inherent risks, including injury, illness, or death. These risks may arise from equipment use, facility conditions, environmental factors, or participant actions. I voluntarily assume all such risks.

I hereby waive, release, and forever discharge the U.S. Government, U.S. Marine Corps, MCCS, and their officers, agents, employees, contractors, volunteers, and affiliates from any and all claims, liabilities, or damages arising from participation, including those caused by negligence.

2. Indemnification
I agree to indemnify and hold harmless MCCS and its affiliates from any loss, liability, or expense resulting from my participation, including any claims brought by third parties.

3. Health and Fitness Certification
I certify that I am physically sound and free from any condition that would prevent safe participation. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.

4. Publicity Release
I grant permission for MCCS to photograph, videotape, or otherwise record my participation for use in promotional materials, publications, or social media. I waive any rights to compensation or approval of such use.

5. Agreement to Policies
I agree to abide by all MCCS Semper Fit policies and instructions provided by staff. Failure to comply may result in removal from the activity or facility.

Participant Name (Printed): _____

Participant Signature: _____ Date: _____