

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.

Liability and Publicity Release

In consideration for receiving permission to participate in this event, I shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, the Marine Corps Community Service (MCCS), and all sponsors, medical support and any other individuals or entities connected in any way with this event from any and all claims for damages, death, personal injury or property damage and/or litigation costs/attorneys' fees, arising from or contributing to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this event. I verify that I have full knowledge of the rigors of this event and the risks involved in participation, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat stroke, illness, cold injuries, hypothermia, drowning (if water event), and any other injuries related to running and/or endurance events. I assert that I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of first-aid type assistance, perhaps by volunteer laypersons. This waiver and release 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 this event. By registering for this event, you understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. In attending the event, you and any guests voluntarily assume all risks related to exposure to COVID-19, and waive, release, and discharge MCCS or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers from any and all liability under any theory, whether in negligence or otherwise, for any illness or injury. I further agree to have my participation in this event videotaped and photographed, and I hereby waive and release all rights to said videotapes and photographs to MCCS for its exclusive use in publicity for and/or illustration of athletic events. I agree to abide by all decisions of MCCS and its designated officials. I have read and understand the contents of this Liability & Publicity Release.

PARTICIPANT NAME:

PARTICIPANT SIGNATURE:

DATE: