PREGNANCY/POSTPARTUM HEALTH AND STRENGTH ENHANCEMENT
WARR PHASE

WARR PHASE I provides performance-based fitness training that promotes safe, effective exercise throughout pregnancy. The program focuses on maintaining mobility, strength, and stability while adapting exercises to accommodate each trimester.

WARR PHASE II assists postpartum Marines in rebuilding foundational strength, endurance, and confidence after childbirth. The program focuses on functional recovery, core and pelvic floor stability, and a gradual return to operational readiness.

--- COURSE INFORMATION ---

LOCATION (CAMP/STATION):	COURSE (CHOOSE ONE):

--- PARTICIPANT INFORMATION ---

PARTICIPANT'S NAME (LAST, FIRST):	RANK:	EDIPI:

COMMAND:	WORK EMAIL:	WORK DSN:

PERSONAL CELL PHONE:	EMERGENCY POINT OF CONTANT (POC) NAME (LAST, FIRST):	EMERGENCY POC PHONE NUMBER:

DUE DATE (PHASE I) OR DELIVERY DATE (PHASE II):

CERTIFICATION:

☐ I CERTIFY THAT I DO NOT HAVE ANY EXERCISE RESTRICTIONS AND HAVE NOT BEEN TOLD BY MY DOCTOR OR HEALTHCARE PROVIDER TO LIMIT OR AVOID EXERCISE DURING PREGNANCY AND HAVE RECEIVED MEDICAL CLEARANCE TO PARTICIPATE IN EXERCISE POST-PREGNANCY.

--- 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 PHASE 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 – Pregnancy/Postpartum Health and Strength Enhancement (WARR PHASE) program during the designated timeframe. I release this Marine from regular duties for the duration of the scheduled sessions and authorize their full participation in the WARR PHASE 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 PHASE program.

NAME (LAST, FIRST):	RANK:

COMMAND:	WORK EMAIL:	WORK DSN:

SIGNATURE:

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'S NAME (LAST, FIRST):

PARTICIPANT'S SIGNATURE: