

SAMPLE CLIENT RELEASE AUTHORIZATION FORM

co-active® CLIENT RELEASE AUTHORIZATION

Client: Please return this form to your coach at the address indicated below.

Coach's Name:
Coach's Address:
Coach's Program Leader:
Pod Name:

Coach: Do not alter this form in any way other than to add the information requested. Electronic Signatures are not acceptable. Please complete this form and email it to certification@coactive.com or mail a copy to:

The Coaches Training Institute
4000 Civic Center Drive, Ste. 500
San Rafael, CA 94903

To Whom It May Concern:

I, _____, a client of _____, who is a participant in the Certified Professional Co-Active Coaching Program, agree to have my coaching call(s) recorded and reviewed by a member or members of your faculty for professional training and development purposes.

I understand that I am to interact with my coach without regard to the fact that the call will be reviewed. I am also clear that all content of the call will be held in strict confidence.

Signed:	Date:
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