

# iACTcenter

## PERMISSION TO RECORD SESSION

*The purpose of this release is to facilitate the iACTcenter graduation application of:*

\_\_\_\_\_

I \_\_\_\_\_ authorize \_\_\_\_\_ to record and release the following recordings to the International ADHD Coach Training Center (iACTCenter).

I understand that the Audio/video recording of my session will be reviewed only by iACTcenter staff and mentor coaches who will use it for assessing the quality and methods of my coach, and possibly for use in training. I understand that the information will be kept confidential and not be shared with any other party.

The release form has been read/reviewed with me and I understand its content.

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Date \_\_\_\_\_