**Krystal Stone**

**Relevant Coaching Client Release Form**

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| **Coach’s Name:** |
|  **Coaches Email:** |
| **Client’s Name:** |
| **Phone:** |
| **Email:** |

***Coach: Do not alter this form in any way other than to add the information requested.  Please complete this form and email it to your coach.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client), verify that I am a coaching client of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coach). I understand that my coach is currently participating in the coach training program with the International Coaching Federation (ICF). I understand that this form containing my name and contact information will be given to an ICF mentor coach. I understand that all information on this form will be kept strictly confidential.

I give my permission to have sessions with my coach recorded for training purposes. I understand that my recorded sessions may be reviewed by an ICF mentor coach for the purpose of supporting my coach in his/her training. I understand that my recorded sessions may be reviewed by an ICF mentor coach and at the International Coaching Federation (ICF) for accreditation purposes. I understand that my coaching session should not be limited in any way by the fact that it is being recorded. I also understand that what is recorded will be held in strict confidence.

By signing below, I agree to have the information on this form shared with an ICF mentor coach. I agree to have coaching sessions recorded for training and ICF accreditation purposes.

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| **Client Signature:** | **Date:** |