

The EFT Academy's

05 – Recording Release Form

I, _____, give my practitioner,
_____, permission to record via
audio / video our EFT session on (date) _____.

I understand that this recording will be used for mentoring and certification purposes and will be reviewed by an EFT Master Practitioner/Mentor with my practitioner.

The information in this recording is confidential and upon completion of the mentoring consultation, this recording/video will be erased.

Printed Name

Signature

Date