



Kresser Institute Waiver: Informed Consent Release Form

I hereby acknowledge that I have volunteered to participate in student health coaching sessions as part of the ADAPT Health Coach Training Program by Kresser Institute, a division of Chris Kresser, LLC. An audio and video recording has been made of the coaching session between the coaching student and myself on the date of _____.

I agree that Kresser Institute has ownership of this recording, and I acknowledge that the recording will only be shared between the coaching student and the ADAPT Health Coach Program faculty or Mentor Coaches for the sole purpose of the growth of the student.

Further, Kresser Institute will store the recording securely and confidentially, and not share the recording publicly in any way. Access to the recording will be restricted to the ADAPT Health Coach Training Program faculty, mentor coaches, and administrative staff. The recording will be completely and securely deleted and erased no later than 18 months from the time it was submitted to the Kresser Institute.

I have read the authorization and release of information, and I give my consent to Chris Kresser, LLC/ADAPT Health Coach Training Program.

Printed name

Signature

Date

Email: _____