



Mentoring Program

Skills, Tapping & Coaching

05 – Recording Release Form

I, _____, give my TET Tapping
Practitioner Candidate, _____,
permission to record via **audio / video** our TET Tapping session on

(Date)

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

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

Printed Name

Signature

Date