

**CERTIFICATION PROGRAMS IN
ADVANCED MYOFASCIAL TECHNIQUES**

CAMT Practice Log Client Permission Form

I give permission for my Advanced Myofascial Techniques (AMT) practitioner, _____, to record my name and contact information in a log of sessions that will be given to the Advanced-Trainings.com office as a part of Certification in Advanced Myofascial Techniques requirements.

I understand that although I may be contacted by the Advanced-Trainings.com office to verify my participation, the details of my work will remain private, and that my identity and contact info will not be shared or used for any other purpose.

Signature: _____ Today's date: _____

My name: _____

My email: _____ My daytime phone number: _____

(At least one method of contact is required.)

Give this form to your practitioner, or mail it to the address below.

For questions, please don't hesitate to contact us:

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