



NeuralPath Strategies

Cari@NeuralPathStrategies.com | 860-484-1329

Testimonial & Media Consent Form

Purpose of This Form

This form gives permission for NeuralPath Strategies to use your written or verbal feedback for promotional, educational, or informational purposes. Sharing real client experiences can help others understand the impact of mindset-based work and decide if it's right for them. You are never required to provide a testimonial. If you do, you have full control over how your words and identity are shared (or not shared).

What This Covers

Your testimonial may be used in:

- Website copy
- Printed or digital materials (e.g., eBooks, brochures)
- Online marketing (e.g., social media posts, client results pages)
- Workshop or presentation slides
- Internal education for students or practitioners

No edits will be made to the **content** of your words, though minor grammatical adjustments may be made for clarity.

Identity Options

Please check one of the following:

- ☐ My full name may be used
- ☐ First name and last initial only
- ☐ Anonymous (no name shown)
- ☐ Use only my initials
- ☐ Use a fictional name (please specify): _____

Format of Testimonial

Please check all that apply:

- ☐ Written words I submit (email, form, feedback, etc.)
- ☐ Audio or video recording (optional — used only with separate permission)
- ☐ A direct quote from session, edited to remove identifying info

You may request a copy of what will be shared before it is published.

Right to Revoke

You may revoke this consent at any time by submitting a written request. If materials have already been published, future use will stop, and existing digital content will be removed when possible.

Consent

By signing below, you grant NeuralPath Strategies permission to use your testimonial as outlined above. You acknowledge that your participation is voluntary and that you have the right to decline or revoke consent at any time.

Client Name: _____

Signature: _____

Date: _____