



**PERSONAL TRAINING
FITNESS & LIFE COACHING**

CLIENT TESTIMONIAL FORM

Please provide your candid experience with G-Force Personal Fitness Training and Life Coaching services below*.

Name: _____

Time as a client: _____

Goal: Overall Fitness _____ Weight Loss _____ Optimum Wellness _____

I have been a G-Force client since: _____

I have participated in:

| | |
|---|---|
| Boot Camps <input type="checkbox"/> | In-Home Training <input type="checkbox"/> |
| Gym Training <input type="checkbox"/> | Outdoor Training <input type="checkbox"/> |
| Online Training <input type="checkbox"/> | Email Newsletter <input type="checkbox"/> |
| Holistic Gardening Classes <input type="checkbox"/> | Nutritional Counseling <input type="checkbox"/> |

Other ☐ Please describe: _____

My Trainer/Coach is: _____

My comments:

I, the undersigned release the above information, or a portion thereof, for use by GForce Fitness and Life Training, and all its assigns in all promotional materials in both print and digital form. I have provided this information of my free will without solicitation or promise of payment or compensation and release GForce of all future claim to compensation for use of the above statements.

Print Name: _____ Signature: _____

Date: _____



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