

Testimonial Form

Name: _____ Date: _____

Testimonial Questions

Please answer the following questions to help us understand your experience. Feel free to skip any questions you're not comfortable answering.

How long have you been training with us?

- ☐ Less than a month
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ More than a year

What were your initial goals when you started training?

How has training with us helped you achieve those goals? Please share specific achievements or milestones.

What did you enjoy most about your training sessions?

Is there anything you feel could be improved in the training sessions?

Would you recommend our training sessions to others? Why or why not?

Can we share your testimonial on our website and social media?

- ☐ Yes
- ☐ No

If yes, please let us know how you would like your name to appear:

- ☐ Full name
- ☐ First name and last initial
- ☐ Anonymous

Contact Information (Optional)*Email:*

Phone:

Consent for Use of Testimonial

By signing below, you agree that we can use your testimonial and any associated images or videos you provide for marketing purposes, including but not limited to our website, social media, and promotional materials.

Signature:
