



## ***Coaching Agreement*** ***Danita High, Certified Life Coach***

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NAME \_\_\_\_\_

INITIAL TERM \_\_\_\_ MONTHS, FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

FEES \$ \_\_\_\_\_ PER MONTH, \$ \_\_\_\_\_ FOR THE PROJECT

SESSION DAY \_\_\_\_\_ SESSION TIME \_\_\_\_\_

NUMBER OF SESSIONS PER MONTH \_\_\_\_\_

DURATION \_\_\_\_\_ (length of scheduled session)

REFERRED BY: \_\_\_\_\_

### **GROUND RULES:**

- CLIENT IS READY TO RECEIVE THE COACHING CALL AT THE SCHEDULED TIME.
  - CLIENT PAYS COACHING FEES IN ADVANCE.
1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
  2. I understand that “coaching” is a professional client-centered, relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
  3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.

4. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
7. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

I have read and agree to the above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Signature of Coach

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**CONTACT INFORMATION:**

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Area/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_