**LIFE WITH VALUE**

**978-654-1846**

**JCULLINAN@LIFEWITHVALUE.COM**

**Coaching Agreement:**

Please review, adjust, and sign where indicating and return to me.

Name--------------------------------------------------------------------

Initial Term----------------months, From-------------Through--------------

Fee $------------ Per Month, $-------------------

Session Day--------------------------- Session Time---------------------

Number of Sessions Per Month----------------------

Duration--------------------(length of scheduled sessions)

Ground Rules:

1. Client meets/calls the coach at the scheduled time
2. Client pays coaching fees in advance
3. Client pays long-distance charges if any
4. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching sessions, including my choices and decisions, I am aware that I can choose to discontinue coaching at any time.
5. I understand that “ coaching” is a Professional-Client relationship I have with my Coach that is designed to facilitate the creation/development of personal, professional goals and to develop and carry out a strategy/plan for achieving those goals.
6. 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 implements my choices is exclusively my responsibility.
7. 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 substitute for mental health care, or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
8. I promise that if I am currently in counseling or otherwise under the care of a mental health professional, that I will 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.
9. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
10. I understand that certain topics may be anonymously and hypothetically shared with other coaching professional for training OR consultation purposes.
11. I understand that coaching is not to be used as a substitute for legal, medical, financial business or other qualified professionals. I will seek independent professional guidance for any and all of the afore mentioned areas. 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 reviewed with my coach all the above.

Client Signature----------------------------------------------------------------

Date-----------------------------------