## **Client Contract**

I,	_ (name), resident at	(address)
The Rapid Eye Technoto the best of my know client/technician related understand that Rapidiagnose or prescribe illnesses. RET is a commelief techniques.  Own personal process  I hold harmless	one) agree to accept coaching follogy Institute. I agree to providedge in order to ensure a protionship and experience with the did Eye Technology (RET), mystor any mental, emotional, physionation of Skills For Life Coard agrees to be my facilitator using of awareness.	rom certified by vide all information accurately and
or relationships in fan laws of society. I am cand agreements to all I am accountable. Payment for the first seach successive sessio without giving at leas scheduled on the recethan twice are nonrefu	nily, marriage, work, church, completely responsible for the people, organizations, comparession is due at the time of the n at the time it is scheduled. To the time it is nonrefundation of the fee. Fees for an appoundable unless other arrangements.	ommunity and with regard to the execution of duties, responsibilities nies and society in general for which appointment. I agree to pay for he fee for any session that I miss ble and further sessions will be intment that is rescheduled more nents are made.
-	onsibilities and commitments of conditions outlined in this co	with and agree to ontract.
Other:		
Client Cionaltana		Data
Client Signature  Technician Signature		Date  Date
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