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APAC Career Life Coaching

[APACSEMINARS@gmail.com](mailto:APACSEMINARS@gmail.com)

760-442-3745

Life Coaching Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to engage in Life coaching services provided by William Wallace for the purpose of achieving personal and/or professional goals.

During Life coaching sessions, I understand that William Wallace will support me in exploring various areas of my life and work with me to develop strategies and action plans to achieve my goals. I understand that coaching is not a substitute for therapy or medical treatment.  If deemed necessary, appropriate referral will be made.

I do not have a legal guardian, or under a conservatorship, and am able to execute decisions on my own.  By signing below, I am acknowledging consent for services I understand that the coaching sessions may involve challenging questions, or assignments designed to help me identify and overcome obstacles that may stand in the way of achieving my goals.

I understand that William Wallace will maintain the confidentiality of our coaching sessions, except in cases where disclosure is required by law.

I understand that William Wallace will keep confidential records of our sessions, and that these records will be treated with the same level of confidentiality as outlined above. I acknowledge that these records will be kept for the duration of my coaching engagement and will be securely destroyed after two years following the end of the engagement, unless otherwise mutually determined.

Both parties can exercise termination of coaching services.

I understand that I have the right to terminate the coaching services at any time.   If I choose to terminate the coaching engagement, I will notify William Wallace in writing of my intention.  Per the Disclaimer, remaining prepaid funds are non-refundable.  If the coach terminates, unused session funds will be refunded to the client.

Sessions are 50 minutes.

By signing below, I acknowledge that I have read and understood the above information, and that I voluntarily consent to participate in Life coaching services provided by William Wallace.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_