

## Sample Coaching Agreement

Please review, adjust, sign where indicated, and email back to: \_\_\_\_\_

NAME: \_\_\_\_\_

INITIAL TERM: \_\_\_\_\_ Months, From \_\_\_\_\_ through \_\_\_\_\_

FEE: \$ \_\_\_\_\_ PER MONTH, \$ \_\_\_\_\_ FOR THE PROJECT

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

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

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

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

GROUND RULES: 1. CLIENT CALLS THE COACH AT THE SCHEDULED TIME.

2. CLIENT PAYS COACHING FEES IN ADVANCE

3. CLIENT PAYS FOR LONG-DISTANCE CHARGES, IF ANY.

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 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, or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, 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: