

# Royal Life Coaching

Date \_\_\_\_\_

## Client Coaching Agreement & Expectations

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

How did you hear about my Life Coaching? \_\_\_\_\_

Session Fees: \$75 per 60 Minute Session or Agreed Upon Set Packages

1. 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.

Initials: \_\_\_\_\_

2. I understand that coaching is a Professional-Client relationship I have with my coach that is designed to facilitate the creation and development of personal, professional or business goals and to develop and carry out a strategy or plan for achieving those goals.

Initials: \_\_\_\_\_

3. I understand that coaching is a comprehensive process that may involve any 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.

Initials: \_\_\_\_\_

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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. If I am currently receiving psychiatric care, I will consult with my caregiver to ensure working with a coach is in my best interest at this time.

Initials: \_\_\_\_\_

5. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law. I understand that if I reveal information that involves physically hurting myself or others, the coach must report such information and or refer to mental health professionals accordingly.

Initials: \_\_\_\_\_

6. I understand that certain topics may be anonymously or hypothetically shared with other coaching professionals or clients for training, educational or consultation purposes and that I Charles King, your coach, will take great care to change any identifiable details to protect your privacy.

Initials: \_\_\_\_\_

7. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business or 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.

Initials: \_\_\_\_\_

8. Because professional coaching is not considered medical consultation or treatment, health insurance does not apply.

Initials: \_\_\_\_\_

**I have read and agree to the above,**

Client Printed Name: \_\_\_\_\_

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

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