

Protea Coaching

Coach: Joash Bloom
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Coaching Agreement

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

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: _____

How the Coaching Process Works:

- Client calls or logs into an online meeting room (Zoom) at the scheduled time.
- Together we will set the agenda for each session based on what you want to learn.
- Client will complete action steps before the next call.
- If you need to reschedule a session, please give me at least 24 hours' notice. You may reschedule calls within the calendar month.

Terms and Conditions

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional wellbeing 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 my 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 for coach credentialing purposes my name and contact information, but not the contents of my coaching, may be given to the International Coach Federation and other qualified organizations.

8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual 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.

9. I understand that if I elect to discontinue services prior to the end date of this agreement, I choose to forfeit any financial "account balance".

10. Our agreed upon coaching series fee is due in full at the beginning of the coaching series, unless otherwise arranged.

11. If you feel some part of our coaching isn't working for you, please bring that up so we can resolve it. Coaching is a two-way relationship, and I need and appreciate your feedback.

I have read and agree to the above.

Client Signature: _____ Date: _____