COACHING CLIENT RELEASE FORM

CLIENT INFORMATION

Name Phone

Address, City, State, Zip Code

Email

DISCLAIMER AND ACKNOWLEDGMENT

I understand that coaching is a partnership focused on personal growth. Coaching does not involve the diagnosis or treatment of mental disorders and is not a substitute for therapy, counseling or other mental health services. The coach is not a licensed medical or mental health professional.

I acknowledge that I am responsible for my own decisions, actions and results. I understand that the outcomes of coaching depend on my willingness to participate and implement the insights gained during the process.

RELEASE OF LIABILITY

I release the coach from any liability, claims or demands arising from my participation in coaching sessions. I understand that any guidance or advice provided during coaching sessions is to be used at my discretion and that I am solely responsible for the consequences of my actions.

CONFIDENTIALITY AGREEMENT

I understand that all the information shared during a coaching session is confidential and will not be disclosed to any third party without my written consent, except the following circumstances:

If required by law or court order.

If there is any risk or harm to myself or others.

PAYMENT AND CANCELATION POLICY

I agree on the following terms on payment and cancelation:

Payment for coaching services is due when booking the session.

Cancellations must be made at least 24 hours in advance to avoid being charged for the session.

AGREEMENT

By signing below, I acknowledge that I have read and understood this release form. I voluntarily agree to the terms outlined above.

Clients Signature and Date:

Coach Signature and Date: