



Ph: 540- 929-4703 ♦ Skype: 540- 322-1983 ♦ dkiley@creationcoach.com ♦ www.creationcoach.com

COACHING AGREEMENT

CLIENT NAME: _____
ADDRESS: _____

EMAIL: _____
DAY PHONE: _____
EVENING PHONE: _____
CELL PHONE: _____
DATE OF BIRTH: ___/___/___

FEE PLAN:

THREE scheduled meetings per month up to 50 minutes each.

\$255 per month payable at the beginning of each month

PAYMENT PROCEDURE

Payment can be made by credit card or personal check. Credit cards will be charged before the first coaching session and then by the 1st of each month thereafter. Personal check payments must be received by the 1st of each month.

Credit Card Option:

Name on credit card: _____

Visa / MasterCard # _____ Exp.Date ___/___

Personal Check Option

Make check out to Doro Kiley in U.S. Dollars in the amount outlined in the Fee Plan above. Check can be mailed to 9163 Sugar Run Rd. Copper Hill, VA 24079 prior to first session of the month.

SESSION TIME:

Duration of sessions: 50 minutes; three times per month.

PROCEDURE:

You, the Client, will call me, the Coach, at prearranged time for our scheduled sessions at (540) 929-4703. You may also email me anytime [dkiley@creationcoach.com] and I will respond within forty-eight hours excluding weekends and holidays (or when I am away on retreat).

GROUND RULES:

1. CLIENT CALLS THE COACH AT THE SCHEDULED TIME AT (540) 929-4703
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, 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.

I have read and agree to the above.

Client Signature _____

Date: ____/____/____