COACHING AGREEMENT

CLIENT NAME:	
YOUR COACHING PLAN:	
BASIC PLAN:	ADVANCED PLAN:
SESSIONS – 2x PER MONTH SES	SIONS – 4x PER MONTH
SESSION DURATION - 60 MINUTE	ES SESSION DURATION – 60 MINUTES
OTHER SUPPORT – EMAIL, FAX O	OTHER SUPPORT – PHONE, EMAIL, FAX
FEE - \$250 / Month FEE - \$400 / Mo	onth
Coach is obligated to be available for convenience of Coach and Client. T	d mentoring services to the Client in exchange for the Fee. The or coaching sessions and agrees to schedule sessions at the mutual he term of this Agreement is 3 months and the Client agrees to pay nonths or to pay a discounted amount if pre-paying all 3 months atClient Initials
	agrees that the Coach will charge the Fee on Client's credit card. If s will be made on the same day of each month beginning with the
Card #:	Exp Date:
Type Card (circle one): VISA / MC / A Name (as appears on card:	MEX / Discover CSC (number on back of card):
Billing Address (of card):	
SESSION TIMES: Time of calls to b	e agreed upon in advance at mutual convenience of Coach and
	all Coach at the agreed upon time at Client's telephone expense. If ession then Client must reschedule session within 30 days.
	at any time and shall only owe the current month's Fee unless the d which shall cause the balance of that total 3 months of Fees to be
PLEASE BE AWARE THAT COAC	HING FEES ARE NON-REFUNDABLE Client Initials
remainder of this Agreement shall co	

CONFIDENTIALITY : Coach recognizes that Client may have the following: future plans, business affairs, customer lists, financial information, job information, goals, personal information and other proprietary information. The Coach will not, at anytime, either directly or indirectly, use any information for Coach's own benefit. (The confidentiality statement shall be as confidential as the applicable state or federal laws allow) Client Initials		
NATURE OF RELATIONSHIP: THE CLIENT AGREES THAT THIS COACHING IS IN NO WAY TO BE CONSTRUED AS PSYCHOLOGICAL COUNSELING OR ANY TYPE OF THERAPY. In the event Client feels need for professional counseling or therapy it is the responsibility of the Client to seek a licensed professional Client Initials		
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CLIENT AGREES: To show up on time, and be focused, for each Session client Initials To be coachable client Initials To be honest and candid client Initials To communicate succinctly and to the point client Initials To carry out all assignments in a timely manner client Initials To continue the coaching process even if uncomfortable client Initials To strive for the best client Initials To commit to being responsible for own results client Initials COACHING RESULTS: Coaching results are not guaranteed. Client enters into this Agreement with the understanding that they are responsible for creating their own results. Client also agrees not to hold Coach liable for any actions or results or adverse situations created as a direct result of the coaching.		
Client Initials DATE OF AGREEMENT: This Agreement shall commence as of		
Client and has read and agrees to the above. CLIENT:		
(signature) Address:		
Phone:		
Email: COACH: (initials)		
John Curran The Work-Life Balance Coach 4249 Nobel Drive #1		

San Diego, CA 92122 Tel: 858-230-2290

Email: curran_286@msn.com