

COACHING AGREEMENT

Client Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Welcome to coaching! I look forward to helping you achieve your goals.

SESSIONS

You receive _____ coaching sessions per month for 60 minutes in duration. Coaching sessions can occur throughout the year. The meetings will be held in person, on the phone or via Skype.

If you need to reschedule, please do so at least 24 hours in advance. Please contact me via phone or email margot@journeyintobalance.com to schedule appointments.

EXTRAS

You have access to me at margot@journeyintobalance.com between our scheduled sessions for "just in time" coaching and consulting.

FEES/ TERM

\$_____ per session

METHOD OF PAYMENT

Cash, credit, or check

PRIVACY

It is important that you know and trust that our conversations are confidential. I will not share any information with anyone else.

POLICIES

* **24 hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

***No-shows:** Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their missed appointment or required to pay before scheduling another appointment.

***Late Arrivals:** If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the full session**. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and make reasonable efforts to be on time. Thank you.

I know that as a client, I am personally responsible for the actions I take. As such, I do not hold Margot Zapp liable for consequences of my actions, or lack thereof. I understand that Margot Zapp is not an Employment Agent, Business Manager, Financial Consultant, or Psychotherapist.

Client Name: _____

Signature: _____

Date: _____