

LIFE STRATEGY AGREEMENT

Date : _____

Name : _____

Our sessions are conducted on any of the formats, such as over the phone or virtual (Zoom, Facetime, Google Meet, TEAM, etc)

The cell number is (678) 595-6446.

It is highly recommended to avoid missing or rescheduling sessions. Should an unexpected situation arise necessitating a change, please inform me at least 24 hours in advance. Note that incomplete or partially done assignments do not warrant rescheduling. We will use the scheduled session to address challenges, plan solutions, and determine subsequent actions.

Failure to provide a 24-hour notice before the scheduled session will result in forfeiture of the session and no refund will be issued.

Life Coach Disclaimer of Liability: The client employs me as a life coach to support the client in terms of their self-awareness, vision, goals, and strategic plans. I have experience in these matters and would like to offer you these coaching services. So, as you know, life coach services are not considered therapy.

I have read and agreed to the Policies and Disclaimer of Liability.

Client's Signature (Date) : _____

Life Coach's Signature (Date) : _____

Once you have completed this form please email it to me at drelisme@elismeconsulting.com . Any question, be sure to contact me.

As a client, I acknowledge and accept full responsibility for my physical, mental, and emotional well-being throughout my coaching sessions, including all my choices and decisions. I am aware that I have the option to terminate coaching at any point.

I recognize that coaching represents a Professional-Client relationship with my coach. This relationship aims to facilitate creating and developing personal, professional, or business objectives and devise a strategic plan to achieve these goals.

Coaching is an all-encompassing process that may touch upon various aspects of my life, such as work, finances, health, relationships, education, and recreation. I am solely responsible for determining how to address these issues and integrating coaching into these areas.

I acknowledge that coaching does **not involve diagnosing or treating mental disorders** as defined by the American Psychiatric Association. **Coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment;** therefore, it should not be used in place of any form of diagnosis or therapy. If I am currently under psychiatric care, I will consult with my healthcare provider to ensure that engaging in coaching is appropriate for me at this time.

I understand that all information shared during sessions will be kept confidential unless otherwise stated by me in writing or required by law. Should I disclose information about physically harming myself or others, the coach is obligated to report this information and may refer me to appropriate mental health professionals.

Some topics may be discussed anonymously and hypothetically with other coaching professionals or clients for training or educational purposes. Laurie McNaugh will take considerable measures to alter any identifiable details to protect my privacy.

Coaching should not replace professional advice from legal, medical, financial business, or other qualified.

I have read and agree with the above.

Client Signature _____

Date: _____

