



Client's name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

This agreement sets forth the expectations and standards that both client and coach expect during the coaching relationship. Policies and expectations are outlined below. Once you have reviewed this form, please sign the bottom and return it to me for your file.

### 1. The Client and Coach Relationship

As the Client's Life Coach, Dina with Dina Brady Coaching, LLC will partner with the Client on a journey of self-discovery, accountability, and progress sessions. The Coach will help the Client discover within themselves the beliefs, explanatory styles or issues that are blocking the Client from moving forward in achieving these goals.

The Coach operates from a particular coaching model; however, it is the responsibility of the Client to follow through with implementing the practices and suggestions set forth between Coach and Client to get results.

Client agrees to communicate honestly, be open to feedback and assistance and create the time and energy to participate fully in the program.

### 2. Packages

**Bronze – 6 sessions - \$1000 \_\_\_\_\_**

**Silver – 12 sessions - \$1900 \_\_\_\_\_**

**Platinum - 24 Sessions - \$3490 \_\_\_\_\_**

**Couples – 10 weeks - \$2200 \_\_\_\_\_**

**Payment plans are optional. \$75 off, if paid in full.**

*Ask about Group Coaching, breathwork, workshops and global retreats.*



### **3. Cancellation of Appointments**

There is a \$45 cancellation fee and in the event the client 24 hours prior to their session.

### **4. Scheduling sessions**

Regular coaching sessions will be delivered by meeting at a specific time and place agreed upon by both Client and Coach. Coaching sessions will last for 55 minutes, or as agreed upon at the time of scheduling, and are billed at the rates identified in item 2 above. Payments made prior to sessions.

Your coach will always try to accommodate your needs and schedule, you can call between 9am-530pm, text, or email to schedule an appointment.

### **5. Confidentiality**

The Client's identity, relationship, and content of the sessions are strictly confidential except in a situation where such confidentiality would violate the law or cause harm.

### **6. Payment Method**

Invoices are sent out via SQUARE unless the client arranges to pay with cash or bank transfer/ZELLE.

Refund Policy Initial \_\_\_\_\_ Dina Brady Coaching, LLC does not offer refunds for unused sessions. Packages are constructed in a way to keep clients committed to their personal growth.

### **7. Liability**

The client agrees and understands that Dina Brady Coaching, LLC is not a medical or physiological professional. Coaching is not a substitute for counseling and should not be used in place of clinical therapy. If a situation arises where medical or psychological intervention is needed, Dina Brady Coaching, LLC is ethically and legally bound to refer the Client to a mental health or medical professional.

**Client's Initials** \_\_\_\_\_



**MINORS AND PARENTS (if applicable)**

*Clients under the age of 18 and their parents should be aware that the law may provide parents with the right to examine their child's treatment records. I understand that as a parent, you are concerned about your child and therefore may want to know the content of your child's conversations with me. However, a child will often progress further in treatment if they know that the details of our conversations are kept private and not shared with his/her parents. Since privacy is often helpful to successful progress, especially with teenagers, it is my policy to require that parents agree to give up access to their child's records. If the parents agree, I will provide them with general information about our work together, unless I feel there is a high risk that the minor will seriously harm himself/herself or someone else. In this case, I will notify the parents of my concern, but before giving the parents any information, I will discuss the matter with the minor, if possible, and do my best to handle any objections he/she may have with what I plan to discuss with the parents. You as a child and your parents signify that you agree to this policy by initialing below.*

**Are you currently taking any medication for any mental or cognitive disorders? YES or NO**

If yes, please explain:

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**What do you want to achieve from coaching?**

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**What is one specific goal you have for your work?**

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**Where did you find us at Dina Brady Coaching, LLC?**

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Your initials throughout this document and your signature below indicate that you have read.

this Agreement and have had the opportunity to ask questions and address your concerns before signing. Your signature also indicates that you understand and provide your informed consent to the issues related to the risks and benefits of coaching, confidentiality, fees and payment, emergency procedures and all other responsibilities and terms in this Agreement.

You also consent to the exclusive jurisdiction of the state or federal courts located in my home state with respect to any action or proceeding arising from or related to this Agreement.

I have read the Coaching Agreement and agree to the conditions stipulated within. Sign and DATE below.

Please email copy

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Print name: \_\_\_\_\_

*(if applicable)*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(if applicable)*

Coach Signature: \_\_\_\_\_ Date \_\_\_\_\_

**You are whole and complete, there is nothing to fix, and anything is possible!**