

Coaching Participation Agreement

By signing below, I acknowledge and agree to the following:

Nature of Coaching

- ☐ I understand that coaching services are non-clinical and are not therapy, counseling, or medical treatment.

Client Responsibility

- ☐ I understand that coaching is a collaborative process and that results depend on my participation, effort, and follow-through.

Payment & Reimbursement

- ☐ I understand coaching services are self-pay at \$100 per 45-minute session. I understand reimbursement through HSA/FSA or employer benefits is not guaranteed and is my responsibility to confirm.

Scope of Services

- ☐ I understand coaching does not diagnose, treat, or replace professional medical or mental health care.

Acknowledgment

- ☐ I confirm that I have read and understand the coaching structure, expectations, and disclaimers and agree to participate willingly and responsibly.

Client Name: _____

Signature: _____

Date: _____