



Avis Ward
From Coach to First-Class

PH: 864-256-1936

◆ upWard@avisward.com

◆ www.avisward.com

COACHING AGREEMENT

CLIENT NAME: _____

EMAIL: _____

DAY PHONE: _____

EVENING PHONE: _____

CELL PHONE: _____

(Provide info for preferred number to be contacted)

DATE OF BIRTH: ___/___/___ (optional)

PAYMENT PROCEDURE

Payment can be made online by credit card through PayPal or mailed with a personal check. Payment is due in full before the first session for the Fee Plan selected.

Personal Check Option

Make check payable to Avis Ward in U.S. Dollars in the amount outlined in the Fee Plan selected. Checks are mailed to:

*Avis Ward
P.O. Box 26145
Greenville, SC 29616*

SESSION TIME:

Duration of sessions: 60 minutes. A late start will mean a shorter session. Please come to the call prepared and on time.

PROCEDURE:

You, the Client, will call me, the Coach, at a prearranged time for our scheduled sessions at the phone number that will be provided to you as soon as your first session is scheduled. Clients can also contact me anytime by going to <http://avisward.com/contact/>. Clients receive my personal phone number as soon as their first session is scheduled.

HOW IT WORKS, "THE RULES":

1. CLIENT CALLS THE COACH AT THE SCHEDULED TIME AT THE PHONE NUMBER PROVIDED WHEN FIRST SESSION IS SCHEDULED.
2. CLIENT PAYS THE COACHING FEE OF HIS/HER CHOICE BEFORE THE FIRST SESSION.
3. CLIENT PAYS FOR LONG-DISTANCE CHARGES, IF ANY.
4. IF RESCHEDULING PLEASE GIVE NOTICE AT LEAST 24 HOURS IN ADVANCE
5. NO REFUNDS ARE AVAILABLE.



1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
2. I understand that “coaching” is a Professional-Client relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
4. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
7. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

I have read and agree with this Coaching Agreement:

Client Signature _____

Date: ____/____/____