

# Tree Of Life Wellness

## Coaching Agreement/Contract

This agreement is between Dr. Cheryl Sly, of Tree Of Life Wellness, (coach), and \_\_\_\_\_ (client name).

### **Coaching/Health Consulting Services**

Tree Of Life Wellness coaching program includes 4 to 12 coaching sessions by phone over the course of 1 to 3 months for 30 to 60 minutes each session. In addition to our regularly scheduled coaching sessions, the coach also provides:

- Unlimited e-mail access
- Motivational gifts
- Emails with tips for success
- In person sessions are available by request for an additional hourly rate: Please inquire if you are interested.

The Client will call the Coach at 855.888.8659 at the scheduled session time. (The Coach will call the Client, when Coach is overseas)

### **Cancellation Policy**

Dr. Sly requests that you make the scheduled coaching calls a priority. On the rare occasion when you need to reschedule please let Tree Of Life Wellness know at least 48 hours in advance.

The client is to give **4-hour notice for any cancellations. Otherwise the cancellation fee is \$50 for ALL cancellations without a 48-hour notice or no-shows.** 15 minutes late is considered a no-show. We can not accomplish as much in a half-session as a full session, therefore we do not offer sessions after 15 minutes have past. All calls are structured for 30 minutes unless otherwise discussed, so it is imperative that you call on time.

The cancellation fee is billed automatically the day of the missed/late coaching session. **NO EXCEPTIONS.** Dr. Sly's time is very valuable, as is yours. AND she would rather spend the time coaching you to OPTIMAL HEALTH, then charge you, so please be on time. If Dr. Sly misses your call or cancel last minute, she will re-schedule your call and credit you \$50.

**ACKNOWLEDGEMENT OF CANCELLATION FEE: PLEASE INITIAL HERE \_\_\_\_\_**

## **Nature Of Relationship**

The Client enters into coaching/consultation with the understanding that the Client is responsible for creating his or her own decisions and results. The Coach is a Professional Life Coach/ Health Consultant with a Medical Degree from Southwest College of Naturopathic Medicine. The Coach may give specific advice or suggestions, however it is ultimately the Client's responsibility for taking action and making his/her own decisions. The coaching relationship is in no way to be construed as psychological counseling or any type of psychotherapy. In the event, the client feels it necessary for psychiatric evaluation, it is the responsibility of the client to see a licensed professional.

## **Confidentiality**

It is important for the integrity and value of our coaching relationship that we are open and honest with each other. All of our discussions are kept confidential. The Coach will not share any information discussed in the coaching session with a third party. The Coach will not at any time, either directly or indirectly, use any such information for the Coach's own benefit. The Coach will not divulge that the Coach and Client are in a coaching relationship without written consent of the Client. The Client, is free to discuss the coaching relationship with anyone at anytime.

The confidentiality statement is intended to be as confidential as the applicable state of federal laws-and the Employer's own company policy (if applicable) allows. The coaching relationship is not privileged and, as such, the Coach's records regarding work with a Client can be subpoenaed.

## **Liability**

The Client shall hold the Coach harmless from any loss or liability from actions taken or situations created as a result of the coaching relationship.

## **Termination**

The Coach may terminate the coach-client relationship at anytime, and for any reason. The Client may terminate the coach-client relationship at anytime, and for any reason. The Coach will return any unused coaching session pre-payments within 30 days of termination.

## **Coach and Client have read and agreed to the above:**

### **Tree Of Life Wellness, Dr. Cheryl Sly**

Signature: *Dr. Cheryl Sly*

Client- Signature: \_\_\_\_\_

Please mail a signed copy immediately to:

Dr. Cheryl Sly

PO BOX 97776 Phoenix, AZ 85060