**This agreement dated mm/DD/YYYY sets out the conditions and understandings for a coaching**

**relationship between Add your name or Your company’s name. (The Provider) as a (Add Your Role: Coach/Mentor/Facilitator/Trainer/Consultant/Councilor) and Add Your Client’s Name (Client).**

The Provider and Client hereby agree:

1. The Provider & Client will meet via (Add remote learning app or channel) for Add session time, Add how many times (at the choice of Client). This agreement will be valid for Add Period. After which progress will be evaluated.

2. The Provider & Client will jointly develop an action plan based on the Client's outcomes for this program.

3. The Provider agree to build an action plan with SMART learning Objectives and client agrees to commit to it.

4. The Provider agrees to spend appropriate amount of time in preparation for meetings with

Client.

5. The Client understands that the results of any coaching will depend on his/her ability to take

action and to follow the action plan to the best of his/her abilities, communicate

clearly with the Provider, and to take responsibility for the results achieved. The Provider can only deliver, tutor, and follow up. The responsibility for making the processes work will majorly rely on the Client level of effort, as no one else can do their agreed upon tasks for them.

6. Client agrees to share with the Provider all issues on which Client needs assistance. Client

agrees that issues not shared with Provider may not be resolved or may impede the

successful achievement of their goals and objectives. The Provider agrees to use best

efforts to assist the Client to resolve issues shared with the Provider and also agrees to full

confidentiality.

7. Client agrees that The Provider may assign tasks/assignments to be done in between sessions, and that Client will give his/her best effort to fulfill these tasks. Client agrees that if tasks are not done the outcome of the program cannot be predicted.

8. The Client understands and accept that the Provider is unable to accept any liability whatsoever for the application and consequences of any products or services the client receives from the provider.

9. (\*\*\* Add this line if you are not a licensed medical physician) Client understands that the provider not offering regulated psychological or medical advice and that our products and services in no way replace appropriate treatment from a licensed healthcare provider. Your Provider is not a licensed medical doctor, Psychologist, Psychiatrist, Master’s in Social Work (MSW). The products and 10. services you receive are not licensed in any state for these matters, nor are they regulated by a governmental body. By accepting these products and services the Client accepts that their use is beyond the Provider’s control and accepts the entire responsibility for the Client does with what the Provider offers. However, if the provider recognizes that they cannot help the Client, and that they need further assistance from a medically licensed person, the Provider is obliged to let the Client know and even possibly refer the Client to a licensed person who can assist them.

10. The Provider guarantees to follow up on the Client’s performance, periodically, based on their commitment to do the tasks/assignments, fully and completely and keep them updated with progress. The Client will receive follow-up channeled periodically in an agreed upon form to ensure that the Client is getting the results they wanted.

11. The Provider guarantees to follow up on the Client’s satisfaction. This will be through a periodical communication based on an agreed upon channel to collect the Client’s feedback and evaluation of help they are being offered by the Provider.

12. The investment for products or services under this agreement is (Add money value in Numbers and Words).

This agreement starts on MM, DD,YYYY and will continue through MM,DD,YYY.

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| Client’s Name in Letters:Client’s Signature:Date:  | Provider’s Representative Name in Letters:Provider’s Representative’s Signature:Date:  |