

**Body-Centered Life Coaching**

**Emotions Coaching**

**Equine Assisted Personal Growth**

**Coaching Agreement**

Please review, adjust, and sign where indicated and return prior to our first appointment.

Name:

1. As a client, I understand and agree that I am fully responsible for my wellbeing during my sessions, including my choices and decisions. I understand that I can choose to decline participation during my sessions, and can discontinue coaching at any time. I recognize that coaching is not psychotherapy and that professional referrals will be given if needed.
2. I understand that “life coaching” is a 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 these goals.
3. I understand that life 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 and implement my choices is exclusively my responsibility.
4. I understand that life coaching does not treat mental disorders as defined by the American Psychiatric Association. I understand that life 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 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 this person regarding the advisability of working with a life coach and that this person is aware of my decision to proceed with the life 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 shared with other life-coaching professionals for training or consultation purposes.
8. I understand that life coaching is not to be used in lieu of professional advice. I will seek 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 responsibility.
9. I understand that Shelly Smith is a mandated reporter and is therefore required to report any suspicions of child or elder physical or sexual abuse or neglect to the appropriate agencies.

I have read and agree to the above.

Client Signature (and date):