

Life Coaching Agreement

Client Name: _____ Email: _____
Address: _____
Cell phone: _____ Date of birth: _____ ID No.: _____

Payment procedure

Meta4mance will provide and invoice for the amount of R _____ / per session. Payments can be made in cash or via eft in advance.

Session time:

Duration of sessions: 1 hour

Ground rules:

- I. Client to call the coach only between 8 am and 5 pm Monday to Friday on cell 072 246 7137. If the client needs to urgently contact the coach outside of these times, then by Email at jessica@meta4mance.co.za.
 - II. Client pays coaching fees in advance.
 - III. Client pays for long-distance travel charges that may incur as agreed upon in advance.
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1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching sessions and calls, including my choices and decisions. I am aware that I can 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 South African Psychiatric Association. I understand that coaching is not a substitute for counselling, 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 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 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 to the above.

Client Signature: _____ Date: _____

If underage; Parent/ Legal guardian: _____ Date: _____

Meta4mance (Pty) Ltd.

Address: 449C Flinders Lane, Lynnwood, 0081 Pretoria • Mobile: 072 246 7137 • E-Mail: info@meta4mance.co.za
Director: E. De Bruin, website: www.meta4mance.co.za