

# Navigate For Life

Coach: Deb Entsminger  
jadseekhim@msn.com  
813-787-3624

## Coaching Agreement

Please review, adjust, sign where indicated, and return to me by either scanning or taking a picture of this completed form and sending it to [Navigateforlife@gmail.com](mailto:Navigateforlife@gmail.com).

Name \_\_\_\_\_

Initial term \_\_\_\_ months, from \_\_\_\_\_ through \_\_\_\_\_

Fee \$ \_\_\_\_\_ Per Month, \$ \_\_\_\_\_ For the Project

Session Day \_\_\_\_\_ Session Time \_\_\_\_\_

Number of sessions per month \_\_\_\_\_

Duration \_\_\_\_\_ (length of scheduled session)

Referred by: \_\_\_\_\_

### Ground Rules:

- Client calls or signs into the Zoom link at the scheduled time and pays for any telephone charges (Zoom links are assigned after signing up for a Coaching Time Slot on Calendly)
- Together we will set the agenda for each session based on what you want to learn.
- Client will complete action steps before the next call.
- Client will fill in a Coaching Strategy Form and submit it 24 hours prior to each coaching session
- If you need to reschedule a session, please give me at least 24 hours notice. You may reschedule calls within the calendar month.

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 my 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 for coach credentialing purposes my name and contact information, but not the contents of my coaching, may be given to the International Coach Federation and other qualified organizations.

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 to the above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_