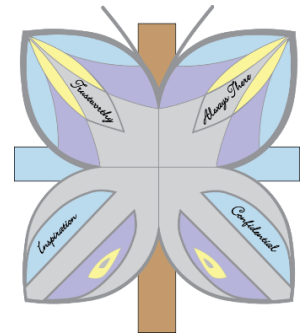


Brittany Ehrick
Bringing Out The Best In You!, LLC
Email: BrittEhrick@gmail.com
Phone: (602) 796-5541
Website. www.BrittanyEhrick.com



Coaching Agreement

Name of Client:

Sessions per week: _____ charged at \$_____ per 30 to 60-minute
Coaching session.

The first day of Coaching will be on:

The coaching sessions will be held at my office or over the phone. Sessions can also be held at a location of the client's choice for additional fee of \$_____.

You may pay weekly or monthly (prior to the 1st coaching day of the month). I have the right to deny coaching if payment is not done in this manner. Payments will be made through Cash, Check or Credit Card (via Square). Sessions paid via Credit Card will be charged an additional 3% fee.

If dissatisfied with his or her coaching experience, the client must notify Brittany Ehrick in writing within 5 working days of his or her last coaching session of the initial month. The service to be provided is coaching, which is not advice, therapy, nor counseling and may address specific personal projects, business successes or general conditions in the client's life or profession. Coaching is a designed alliance that helps bring out the best in the client and helps the client create and live the life they want to live. Upon completion of the three months, coaching will convert to a month-to-month basis. In the event it is desired to cancel further services, the client and coach agree to provide one another with two weeks' notice.

The coach promises the client that all information provided to the coach will be kept strictly confidential as allowed by law. The only reason this would be voided would be

for your safety and the safety of others. Throughout the working relationship, the coach will engage in direct and personal conversations. The client can count on the coach to be honest and straightforward in asking questions and making requests. The client understands that the power of the coaching relationship can only be granted by the client and the client agrees to do just that; have the coaching relationship to be powerful. If the client believes that coaching is not working as desired, the client will immediately communicate that to the coach and both will take action to remedy the situation.

I, *(insert client's name)* _____, hereby certify that I do not suffer from any physical or mental disability that might affect my participation in the coaching process, and, if I have any substance abuse problem or mental illness, I have consulted with my physical and other health care professional and been advised that I may participate in the coaching process without risk. I agree that if there is any change in this representation, I will promptly advise the coach.

I agree that, in the event of any claim or grievance by me against *(Bringing Out The Best In You!, LLC and/or Brittany Ehrick)* by sole remedy will be the return of the fees paid to *(Bringing Out The Best In You!, LLC)*. *(Brittany Ehrick)* is not responsible for any direct, indirect, incidental or consequential damages beyond the total amount of fees paid by the client.

CANCELLATION POLICY

Your sessions are standing appointments.

Consistency in attendance is critical to achieve growth.

If you fail to cancel a scheduled appointment, you will be billed for the entire cost of your missed appointment at the normal hourly rate of \$100.00/hour. You are paying me for my time, and I could use this hour to schedule another client. Fees will be charged to the client's credit card as described above for missed appointments or no show cancellations with less than a 48 hour notice unless due to serious illness or an emergency. Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

Additional Services

Coaching sessions consist of coaching only. Please let me know at the **beginning** of a session if you would like a consultation (up to 10 minutes) outside of coaching, so I can end the coaching session early enough to consult with you. If more time is needed, I would be happy to set up a separate appointment with you.

I have read, and agree to, the policies and procedures set forth by Brittany Ehrick and Bringing Out The Best In You!, LLC.

Name (printed): _____

Signature: _____

Date: _____

Email: _____

Address: _____

Best Phone Number to Reach You: _____

Emergency Name and Phone Number: _____

Please fill out and email to: BrittEhrick@gmail.com