



**Life Coaching**  
**Tania M. Lewis Professional Services**

[info@taniamlewis.com](mailto:info@taniamlewis.com)

817-568-6710

To my client: Please review, adjust, sign where indicated, and return to me in person or at the above email.

Name: \_\_\_\_\_

Initial Term: \_\_\_\_\_ Months, From: \_\_\_\_\_ Through: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Per Month, \$ \_\_\_\_\_ Package

Number of Sessions Per Month: \_\_\_\_\_ Session Day \_\_\_\_\_

Session Time: \_\_\_\_\_ Duration \_\_\_\_\_

Referred By: \_\_\_\_\_

Ground Rules:           1. CLIENT CALLS THE COACH AT THE SCHEDULED TIME.  
                                  2. CLIENT PAYS COACHING FEES IN ADVANCE.  
                                  3. CLIENT PAYS FOR LONG-DISTANCE CHARGES, IF ANY.

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. Client agrees that it is the Client's responsibility to notify the Coach 24 hours in advance of the scheduled calls/meetings. Coach reserves the right to bill Client for a missed meeting. Coach will attempt in good faith to reschedule the missed meeting.
3. 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.
4. 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, incorporating coaching into these areas, and implementing my choices is exclusively my responsibility.
5. 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, mental health care, substance abuse treatment, and does not prevent, cure, or treat any medical diseases.
6. 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.
7. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professional. 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.
8. I understand that information will be held as confidential unless I stated otherwise, in writing, except as required by law. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
9. Client agrees to communicate honestly, be open to feedback, assistance, and create the time and energy to participate fully in coaching.

I have read and agreed to the above.

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

Date: \_\_\_\_\_