

Welcome! ☺ During our consultation, you will learn ways to help yourself achieve a healthier diet and lifestyle. Please read the following. If anything is unclear, please ask.

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This Agreement is made today between the Coach and the person named   
at the end of this document, [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_].

Your consultation fee will include the following:

* A **90 minute** Zoom or phone session including medical records review and diet and lifestyle recommendations
* Email support for 1 month unless the Coach deems a follow up appointment is necessary before one month has passed (in some cases of challenging situations a two week follow up or so
* is needed)

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**SCHEDULING**

As your Coach, I understand that my clients have busy schedules and I try not to keep   
them waiting. Please be on time. ☺ If the Client needs to cancel or reschedule the appointment, I ask that the Client do so 24 hours in advance.

**PAYMENTS AND REFUNDS**

The Client understands that the cost of the 90-minute consultation is **$200**. Payment of $200 is **due before the consultation** and may be made via Venmo, PayPal (with an extra $5 fee) or another method agreed upon by both client and coach.

Follow-up appointments are $75 for 30 minutes plus $50 for each additional 30 minutes; for example, $125 for 60 minutes, $175 for 90 minutes. The duration of the appointment will be at the discretion of the Coach and Client.

**FORMS AND MEDICAL RECORDS**

The Client understands that **this agreement as well as the “Info Sheet” and pertinent medical records should be sent prior to the consultation** so that I can serve you to the best of my ability and knowledge. Thank you!

**DISCLAIMERS**

The Client understands that the role of the Health Coach is not to prescribe or assess   
micro- and macronutrient levels; provide health care, medical or nutrition therapy services;   
or to diagnose, treat or cure any disease, condition or other physical or mental ailment of   
the human body. Rather, the Coach is a mentor and guide who has been trained in holistic   
health coaching to help clients reach their own health goals by helping clients devise and   
implement positive, sustainable lifestyle changes. The Client understands that the Coach is not acting in the capacity of a doctor, licensed dietician-nutritionist, psychologist or other   
licensed or registered professional, and that any advice given by the Coach is not meant to   
take the place of advice by these professionals. If the Client is under the care of a health   
care professional or currently uses prescription medications, the Client should discuss any   
dietary changes or potential dietary supplements use with his or her doctor, and should not discontinue any prescription medications without first consulting his or her doctor.

The Client has chosen to work with the Coach and understands that the information received should not be seen as medical or nursing advice and is not meant to take the place of seeing licensed health professionals.

**PERSONAL RESPONSIBILITY AND RELEASE OF HEALTH CARE RELATED CLAIMS**

The Client acknowledges that the Client takes full responsibility for the Client’s life   
and well-being, as well as the lives and well-being of the Client’s family and children   
(where applicable), and all decisions made during and after this program.

The Client expressly assumes the risks of the Program, including the risks of trying new foods   
or supplements, and the risks inherent in making lifestyle changes. The Client releases the Coach   
from any and all liability, damages, causes of action, allegations, suits, sums of money, claims   
and demands whatsoever, in law or equity, which the Client ever had, now has or will have in the   
future against the Coach, arising from the Client’s past or future participation in, or otherwise   
with respect to, the Program, unless arising from the gross negligence of the Coach.

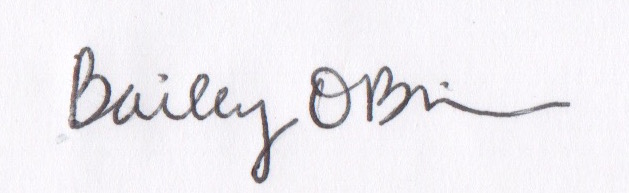
**CONFIDENTIALITY**

The Coach will keep the Client’s information private, and will not share the Client’s information to any third party unless compelled to by law or if the Client has given verbal or written permission.

**ARBITRATION, CHOICE OF LAW, AND LIMITED REMEDIES**

All disputes arising out of or in connection with the present Program Agreement shall be finally settled under the Rules of Arbitration of the International Chamber of Commerce by one or more arbitrators appointed in accordance with the said Rules.

Client name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Coach name Bailey O’Brien\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_ Date \_\_\_\_\_\_\_\_\_