

Health and Wellness Coaching Agreement

This form covers coaching services given by Daniel Kratzer, Peak Health LLC and Fletcher Christian Counseling Center. Please read this form carefully.

I hereby agree to the following:

I understand that Health and Wellness coaching is a relationship I have with my coach is designed to facilitate the creation/development of my best life. I understand that Health and Wellness coaching is a comprehensive process that may involve all areas of my life and could include health, relationships, education, work, finances, physical activities and that deciding what to do in these realms is ultimately my responsibility.

I understand that information I give to Daniel Kratzer, Peak Health LLC and Fletcher Christian Counseling Center is confidential unless I state otherwise, in writing. However, I understand that if I report abuse, neglect or threaten to harm myself or someone else, necessary actions will be taken and my confidentiality agreement will not limit this capacity.

As a client, I understand and agree that I am fully responsible for my wellbeing during my coaching sessions, including my decisions and choices. I may discontinue my coaching sessions with Daniel Kratzer, Peak Health LLC and Fletcher Christian Counseling Center at any time. I know that Health and Wellness coaching is not psychotherapy, counseling or any medical alternative. I understand Health and Wellness coaching is not a substitute for counseling, psychotherapy, mental health and will not use it in place of any form of therapy or medical advice. I agree I am well adjusted, mentally healthy and ready for coaching. It is my responsibility to consult my health care provider prior to participating in Health and Wellness coaching with Daniel Kratzer, Peak Health LLC and Fletcher Christian Counseling Center. Should I choose not to consult my primary health care provider, I accept full responsibility & waive all rights to liability or any claims against Daniel Kratzer, Peak Health LLC and Fletcher Christian Counseling Center or any affiliated administrators, or employees. I release the Person, organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

I forever release Daniel Kratzer, Peak Health LLC and Fletcher Christian Counseling Center from any and all actions, claims or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage, related to my participation in this activity or for the negligence or other acts, whether directly connected to this activity or not. I agree, I, the client, would be responsible for attorney fees for all parties if a lawsuit is filed.

I have read and understood the contract as written here and agree to all terms.

Date _____

Client Name _____

Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____