

Vision Ventures Coaching Agreement

Vision Ventures Coaching

0-1

Name: _____

Address: _____

Phone: _____ E-mail: _____

Initial Term: _____ Fee: _____

Frequency of Coaching Appointments _____ Length of Appointment _____

Call Procedure: _____

Please:

1. Initiate calls to the coach at the scheduled times.
2. E-mail the **T-1 (IV) Client Preparation Form** to the coach at least 24 hours prior to the coaching session.
3. If a coaching appointment must be cancelled or rescheduled, the client is responsible to make personal contact with the coach as soon as possible.

It is important that the client understands that he/she is fully responsible for this/her own decisions and well-being during the coaching process. Coaching is not a substitute for counseling and must not be used as a substitute for any kind of therapy or other professional guidance.

Signature

Date