

MindfulGuidance – Coaching & Counseling

Client agreements:

1. As a client, I understand that I am fully responsible for my well-being during my coaching sessions, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time. I recognize that coaching is not psychotherapy or any form of medical treatment, and that professional referrals will be given if needed. I will not hold Lisa Love responsible for any injuries incurred during the golf coaching sessions.
2. I understand that “life/wellness/golf coaching” is a relationship I have with my coach that is designed to facilitate the creation/development of personal, professional, and/or athletic goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that life/wellness/golf coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, educations and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
4. I understand that life/wellness/golf coaching does not treat mental disorders as described by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy. (I also recognize I can request we switch to a therapy focus if this is helpful in the process of wellness coaching.)
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with this person regarding the advisability of working with a life/wellness/golf coach and that this person is aware my decision to proceed with the coaching relationship.
6. I understand that information I share will be held as confidential unless I give permission otherwise, verbally or in writing, except as required by law.
7. I understand that certain topics may be anonymously shared with other golf/wellness coaching professionals for training or consultation purposes.
8. I understand that health/wellness/golf coaching is not to be used in lieu of professional advice. I will seek 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 responsibility.

I have read and agreed to the above.

_____/_____
Name Date