

## **HOLISTIC CHRISTIAN COACHING CONSENT FORM**

This form covers coaching services given by [The Shalom Studio/ Lyndsay Taylor](#)

Please read this form carefully.

I hereby agree to the following:

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

I understand that information I give to [The Shalom Studio/ Lyndsay Taylor](#) 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 [The Shalom Studio/ Lyndsay Taylor](#) at any time.

I know that coaching is not psychotherapy, counseling or any medical alternative. I understand coaching is not a substitute for counseling, psychotherapy, or professional healthcare 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 coaching with [The Shalom Studio/ Lyndsay Taylor](#). Should I choose to not consult my primary health care provider, I accept full responsibility & waive all rights to liability or any claims against [The Shalom Studio/ Lyndsay Taylor](#) or any affiliated administrators, or employees. I, release the 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 [The Shalom Studio/ Lyndsay Taylor](#) 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 law suit filed.

I agree that [The Shalom Studio/ Lyndsay Taylor](#) may need to refer me to a professional counselor or health worker, with my permission. I understand the limitations of [The Shalom Studio/ Lyndsay Taylor](#) as described in the Coaching Statement.

**I agree that I am responsible for the fees of the sessions we mutually agree to. I may not be able to “make up” a missed scheduled session depending on scheduling availability.**

**I understand sessions will be 50 minutes long.**

**I will pay in advance for 6 sessions at a time, if I decide to receive the services of [The Shalom Studio/ Lyndsay Taylor](#) after my free 30 minute consult.**

**I understand that the cost of this set of 6 sessions is \$150 and I will pay on or before our first session. I will pay through our agreed upon form, be it PayPal (Friends and Family), CashApp, Zelle, check, or cash.**

I agree that sessions can be over the phone, tele-coaching through various platforms such as Google chat or FaceTime, or in person at the office of [The Shalom Studio/ Lyndsay Taylor](#).

I am choosing to participate in coaching services with [The Shalom Studio/ Lyndsay Taylor](#). Any suggested Reading Material, exercise or supplement ideas, or any other advice is just a suggestion. It is my choice to perform or read any suggested material and I do them at my own risk.

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

Client Name (print):

Client Signature:

Date:

*If client is a minor*

Client Name (print):

Parent or Guardian Signature:

Date: