

## **COACHING DISCLAIMER & WAIVER**

**Most Recent Revision: 4/1/20**

All coaching services and communication, email or otherwise, delivered by employees or contractors of Life Skills Advocate, LLC, (your "Coach"), are meant to help you identify the areas in your life and in your thinking that may be standing in your way. However, coaching is not professional mental health care or medical care. If you feel psychologically stressed to the point that it is interfering with your ability to function, please have the courage to seek the help you need in the form of a professional counselor. Coaching may augment your therapy, but the work of coaching is meant to be done when major emotional and psychological wounds are already healing or healed.

In that spirit, by purchasing coaching services from Life Skills Advocate, LLC, you confirm that you have read and agree to each statement and that you wish to proceed:

- I understand that the coaching services I will be receiving from my Coach are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Coach is not acting as a mental health counselor or a medical professional.
- I understand that coaching is, at present, an unregulated industry and that my Coach is not licensed by the State of Washington or any other state. I also understand that for all legal purposes, the services provided by my Coach will be considered to be provided in the State of Washington.
- I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.
- 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 understand that all comments and ideas offered by my Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my coach to assist me in achieving such goals.
- I understand that to the extent our work together involves career or business, my Coach is not promising outcomes.
- I understand that my Coach will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken, and my confidentiality agreement limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, s/he will do so to the extent the law requires.
- I understand that the use of technology is not always secure, and I accept the risks of confidentiality in the use of email, text, phone, Skype and other technology.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Client Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_