

**COACHING DISCLAIMER & WAIVER**

**Most Recent Revision: 1.23.2023**

All coaching services and communication, email or otherwise, delivered by employees or contractors of Life Skills Advocate, LLC, (your "Consultant"), 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 and signing below, you confirm that you have read and agree to each statement below and that you wish to proceed:

1. I understand that the coaching services I will be receiving from my Consultant 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.
2. I understand that my Consultant is not acting as a mental health counselor or a medical professional.
3. I understand that coaching is, at present, an unregulated industry and that my Consultant 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 Consultant will be considered to be provided in the State of Washington.
4. I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.
5. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment or any other medical care, and I will not use it in place of any form of therapy or medical care.
6. I understand that all comments and ideas offered by my Consultant 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 consultant to assist me in achieving such goals.
7. I understand that to the extent our work together involves career or business, my Consultant is not promising outcomes.
8. I acknowledge and take full responsibility for my life and well-being, as well as the lives and well-being of my family (where applicable), and all decisions made during and after participating in the coaching services. In consideration of my participation in the coaching services, I hereby and forever waive, release and discharge, without limitation, Life Skills Advocate, LLC, owners or members of Life Skills Advocate, LLC, individually as well as their marital community, their heirs, executors, administrators, assigns, officers, agents, employees, representatives, and all others acting on their behalf (the "Released Parties") from any and all claims or liabilities for any and all claims, obligations, and liabilities both known and unknown, including those caused by negligent act or omission of any of the Released Parties, arising out of or connected with your participation in the coaching services or in connection with services provided by Life Skills Advocate, LLC any of the Released Parties.
9. I understand that my Consultant 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 is limited in this capacity. Furthermore, if my Consultant is ordered by a court to provide information or to testify, my Consultant will do so to the extent the law requires.
10. 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, Zoom and other technology.

Parent/Guardian Signature

Date

Print Name

Client Signature (if over 18)

Date

Print Name

Consultant Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_