

Coaching Agreement

Fill in all applicable information. Applicant's information, signature and method of payment must be completed prior to approval.

Session Day/Time	Day and Time of sessions will be agreed upon and scheduled for a specific day and time-to be repeated three weeks each month. Any changes must be made by telephone and confirmed either by fax or email jack@invvest.com at least 24 hours in advance														
Session Options	30 minutes 3 times per month \$ _____ 60 minutes 3 times per month \$ _____ Charges will be based on three sessions per month/36 sessions per year														
Call Procedure	The client will call the Coach at the prearranged number (_____) ____-____ on the day scheduled, Mon Tues Wed Thu Fri Sat Sun, at the scheduled time _____ AM PM. The client will be responsible for all telephone related charges. The time will begin when the call is connected and should the Coach be placed on hold, that time will also be counted as a part of the call.														
Termination	This agreement is for six months and may be extended on a month-to-month basis following the initial six months with the mutual agreement of both parties. Should the client or the Coach determine that insufficient progress is being made after the initial 90 day period, either party may cancel this Agreement without recourse other than full payment for the period to date. Cancellations must be in writing and may be delivered by letter, fax or email. All fees owed at that time are due and payable.														
Confidentiality	The Coach recognizes that certain information of a confidential nature may be disclosed during a coaching session and that information will not be disclosed to anyone else without the approval of the client.														
Nature of Relationship	The Coach has a background in Financial Consulting, Management, Sales Training, Marketing, Leadership, Goal Setting, Organizational Development, Time Management and Debt Reduction. The client has been informed that the Coaching Relationship is not to be considered or construed as Psychological Counseling or Therapy. The client has also been informed that coaching results cannot be guaranteed. The client agrees that he/she is entering into coaching with the understanding that they are responsible for their own results. The client also agrees to hold the Coach free of all liability and responsibility for any actions or results for adverse situations created as a direct or indirect result of specific referral or advice given by the Coach.														
Applicants Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Position/Title</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Company</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Street Address</td> <td style="border-bottom: 1px solid black;">City State Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Telephone</td> <td style="border-bottom: 1px solid black;">Fax E-mail Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Client</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____/_____/_____ Application Date</td> <td style="border-bottom: 1px solid black;">_____/_____/_____ Approval Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">Signature of Coach</td> </tr> </table>	Name	Position/Title	Company		Street Address	City State Zip Code	Telephone	Fax E-mail Address	Signature of Client	Date	_____/_____/_____ Application Date	_____/_____/_____ Approval Date	Signature of Coach	
Name	Position/Title														
Company															
Street Address	City State Zip Code														
Telephone	Fax E-mail Address														
Signature of Client	Date														
_____/_____/_____ Application Date	_____/_____/_____ Approval Date														
Signature of Coach															

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