Self-actualizelife

3 Comma, LLC

9 Pond Point Drive

Bedford, NH 03110

PH: +1 603-531-1395

Name:

Address:

This agreement, between coach, Smitha Shetty, and the above-named client will begin on  **.** Each session lasts 50 minutes.

**SERVICES.** The services to be provided by the coach to the client are in-person or tele-coaching, as jointly designed by the coach and client. The tuition for the program is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**RESCHEDULING.** Rescheduling/cancellation of an appointment must be made 24 hours in advance. Please make every effort to do so. The first time a session is missed, I will not charge you for it. The second time, I will charge you $25 for the session. The third and every subsequent time, the session counts as a full session.

**LIMIT OF LIABILITY.** YOU EXPRESSLY UNDERSTAND AND AGREE THAT ***Self-actualizelife*** SHALL NOT BE LIABLE TO YOU FOR:

1. ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL CONSEQUENTIAL OR EXEMPLARY DAMAGES WHICH MAY BE INCURRED BY YOU, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY. THIS SHALL INCLUDE, BUT NOT BE LIMITED TO, ANY PERSONAL INJURY, EMOTIONAL DISTRESS, LOSS OF GOODWILL, OR OTHER INTANGIBLE LOSS;
2. SOME JURISDICTIONS AND STATES PRECLUDE LIMIT OF LIABILITY CLAUSES. IN THE EVENT DAMAGES ARE ASSESSED, THE LIMIT OF LIABILITY FOR ***Self-actualizelife*** SHALL NOT EXCEED THE TOTAL AMOUNT OF THIS CONTRACT -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- TO THE LICENSEE OR THIRD PARTY.
3. AS I COACH I WILL NOT TELL YOU WHAT TO DO, AND YOU, AS THE CLIENT, ARE ALWAYS EMPOWERED TO CHOOSE AND ARE HELD RESPONSIBLE FOR YOUR ACTIONS. THE CLIENT ASSUMES ALL RESPONSIBILITY FOR ANY ACTION TAKEN ON ACCOUNT OF A COACHING SESSION AS WELL AS ALL OUTCOMES AND RESULTS.
4. IN THE EVENT THAT THE CLIENT DIVULGES INFORMATION THAT I DETERMINE THAT THE CLIENT IS A RISK TO HIM/HERSELF OR OTHERS, I AM LEGALLY RESPONSIBLE TO NOTIFY THE CLIENT’S PARENTS AND OTHER APPROPRIATE PERSONNEL.

\_\_\_\_\_\_\_\_\_\_ Client Initials \_\_\_\_\_\_\_\_\_\_\_ Date

THE LIMITATIONS ON ***Self-actualizelife*** ABOVE SHALL APPLY WHETHER OR NOT ***Self-actualizelife*** IS NEGLIGENT OR HAS BEEN ADVISED OF OR SHOULD HAVE BEEN AWARE OF THE POSSIBILITY OF ANY SUCH LOSSES ARISING.

The signatures below indicate full understanding and agreement with the information above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach Date