

FAITH ASSEMBLY LIFE COACHING CENTER
Client Informed Consent and Indemnification Agreement

I/We, (Name) _____, have requested life coaching /counseling services for myself/ourselves and the following persons for whom I/we am a legal guardian:

_____, _____,
_____, _____.

Not Professional Advice: As a condition for receiving life coaching, I/we understand and agree that services will be provided by **unlicensed non professional life coaches** who possess varying degrees of training and experience, and that guidance and advice will be biblically based. (Every effort will be made by Faith Assembly Life Coaching Center to assign a life coach who has had some experience with the particular life issue(s) you wish to address, and that it may be recommended during the course of discussions that you seek assistance from a licensed professional.)

Confidentiality: I/We understand that our life coach *will share* information with supervisors. I/we also understand that all clinical information will remain strictly confidential among life coaches and supervisors.

I/we understand that a counseling session is normally 60 minutes in length, and that there is a suggested donation of \$20.00 per session (checks to be made payable to Faith Assembly of God Church). **I/We understand that a 24 hour cancellation notice is required, with the exception of emergencies. If a check is returned for insufficient funds, an additional charge of \$35 will be added to the unpaid donation to cover costs assessed by our bank.**

Reporting and Disclosure: I/we understand that suicidal threats, homicidal threats, and any child abuse by an adult to a child must, by law, be reported by the life coach. I/we also understand and give permission to the life coach to seek clinical supervision or consultation about my/our situation when necessary. I/we give our life coach permission to contact me/us via home phone, cell phone and/or by mail.

Indemnification and Informed Consent: I/we agree to indemnify and hold harmless Faith Assembly Life Coaching Center and/or Faith Assembly of God Church Inc., its agents, servants, employees or congregants from any claims, actions, damages or suits arising from or relating to any life coach/counseling, instruction, or advice rendered during services provided. I/we have read the above information carefully, understand its contents, and agree to receive services for myself and/or any child under the age of 14 under these conditions. Your signature below indicates your **informed consent** to the principles, policies and conditions of Faith Assembly Life Coaching Center.

Client Signatures: (14 years or older)

Date _____
Date _____
Date _____
Date _____

Witness Signature:

_____ Date _____