

LSR Coaching and Consulting, LLC  
**Client Coaching Agreement**

This agreement (“Agreement”) is made and entered into on \_\_\_\_\_ (“Effective Date”) between LSR Coaching and Consulting, LLC (“LSRCC”) and \_\_\_\_\_ (“Client”) and \_\_\_\_\_ Parent(s) or Legal Guardian(s) (referred to herein as “Parent” or “Parents”).

The services to be provided by LSRCC to Client are Coaching services. Coaching services involve working with the client to document meaningful goals, develop action plans to meet those goals and help the client be accountable for their action plans and goals.

1. Appointments:

All Client services are by appointment only. Coaching appointments are reserved for Client. LSRCC reserves the right to bill Client for a missed appointment if the appointment is not cancelled at least 24-hours prior to the scheduled time. Client is expected to be available, prepared and on time for all appointments.

2. Coaching Plan Fees:

Client will chose one of the following plans by initialing the appropriate plan:

PlatiClient’s “Coaching Plan Fee” is \$900, in consideration for LSRCC’s work with respect to Client’s chosen area(s) of productivity. Client’s “Coaching Plan Fee” includes eight (8) calls or meetings for 30 - 45 minutes each. The Coaching Plan also includes up to daily Client-initiated e-mail or phone message drop-offs each week at no charge.

Gold Coaching Package

Client’s “Coaching Plan Fee” is \$500, in consideration for LSRCC’s work with respect to Client’s chosen area(s) of productivity. Client’s “Coaching Plan Fee” includes four (4) calls or meetings for 30 - 45 minutes each. The Coaching Plan also includes up to daily Client-initiated e-mail or phone message drop-offs each week at no charge.

Prior to the start of coaching an initial session of approximately one-and-a-half (1.5) hours will be held. The rate for this session is \$200.

3. Payment:

All payments due shall be received by LSRCC by check, credit card or cash on or before the first coaching session of each month. If any payment is not received by the first coaching session, a \$10 late fee shall be due. Partial months will be prorated and credit noted on monthly statements. All checks are to be made payable to: **LSR Coaching and Consulting, LLC**. A \$30 fee will be charged for any returned checks.

Mail payments to LSRCC at: 900 Wilshire, Suite 202, Troy, MI 48084. If credit or debit card payments are preferred, the Parent should contact LSRCC to arrange for a PayPal invoice to be emailed to the parent.

Client and Parent understand and agree that LSRCC may suspend or terminate Coaching services, without liability, for any client who has not paid in full when payment is due. The Parent understands and agrees to the fee schedule provided in paragraph 2 above, and agrees to pay all Coaching fees for Client in accordance with the terms of this Agreement.

Client Name: \_\_\_\_\_

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4. Privacy:

LSRCC agrees to maintain complete anonymity of all Client and Parent information disclosed by client or received from any third party unless permission is received from the Client and Parent. If it is necessary for LSRCC to gain access to information from schools, therapists, physicians or other professionals; LSRCC will provide a standard information release form for Parent's signature.

However, the terms of anonymity shall not apply where failure to disclose may be, in LSRCC's sole discretion:

- a. in violation of any law or may involve information regarding certain crimes that have either been committed or LSRCC believes may be committed;
- b. Client may be dangerous or possibly cause harm to the physical or emotional well-being of Client or anyone else, or,
- c. when such information is subject to subpoena.

This provision will survive expiration or termination of the Agreement.

5. Confidentiality:

The information shared in the Coaching process is confidential. The printed materials used are protected by copyright law and may not be copied without prior written permission from LSRCC. Notwithstanding these limitations, Client may freely share Client's personal experience of the process with others.

6. Coaching Process and Disclaimer:

A) Coaching is designed to guide the Client in learning how to consistently achieve results and make purposeful choices. Client agrees to communicate honestly, be open to receiving feedback, assistance, and shall create the time and energy to participate fully in the Coaching program. However, due to the totally subjective nature of the work, Client and Parent understand and agree that LSRCC makes no guarantee as to the results Client will achieve, nor is LSRCC responsible for the results achieved by Client from LSRCC.

B) Client and Parent understand that coaching is NOT therapy and does not substitute for therapy if needed, and does not diagnose, prevent, cure, or treat any mental disorder or medical disease. No documents or coaching services implemented are intended to provide a diagnostic service or professional evaluation regarding Attention Deficit/Hyperactivity Disorder (AD/HD) or other health issues. Only a professionally trained AD/HD physician or specialist can accurately evaluate and diagnose AD/HD.

C) Client and Parent understand that LSRCC and its representatives (including Laura Rolands) are not "Physicians", "Psychologists", "Social Workers" or "Psychotherapists," and LSRCC and its representatives are unable to (1) diagnosis AD/HD, ADD or any other medical condition; (2) recommend or prescribe any medication, or (3) act as a therapist, counseling Client on or providing psychoanalysis or behavioral therapy.

7. Disputes:

Client satisfaction is important to LSR Coaching and Consulting, LLC. If Client or Parent has any concerns or disputes, Client or Parent will raise their concerns to LSRCC as soon as the concern or dispute arises.

Client Name: \_\_\_\_\_

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Should a dispute arise out of this Agreement that cannot be resolved by mutual agreement of the parties, Parent and LSRCC agree to resolve the dispute by negotiating in good faith for 30 days after notice of the dispute is given. If the dispute is not resolved upon the expiration of the thirty (30) days, such dispute will be submitted to facilitative mediation. The parties will be required to engage in a good-faith effort to settle the dispute by mediation as a condition precedent to the institution of arbitration, litigation, or other binding adjudication. The mediation will be confidential. Unless agreed among all of the parties or required to do so by law, the parties and the mediator will not disclose to any person who is not associated with participants in the process any information regarding the process, contents, settlements terms, or outcome of the proceeding.

In the event of legal action, the prevailing party shall be entitled to recover attorney's fees and court costs from the other party.

8. Emergencies:

If there is a medical emergency, physical or psychological, **DO NOT CONTACT LSRCC'S OFFICE.** Emergency issues must be addressed directly by Client's doctor or therapist, or by dialing emergency 9-1-1 services if warranted.

9. Terms and Termination of Services:

The term of this Agreement shall be on a month-to-month basis until terminated by Parent or LSRCC. This Agreement may be terminated at any time, without liability, by either party upon written notice to the other party which is received not less than seven (7) days prior to the end of any month.

10. Complete Agreement:

This Agreement constitutes the entire agreement of the parties, and reflects a complete understanding of the parties with respect to the subject matter and supersedes all prior written and oral representations, communications or agreements. No amendment to this Agreement shall be valid unless made in writing and signed by both parties. The parties agree that the terms of this Agreement shall be governed by the laws of the State of Michigan.

IN WITNESS WHEREOF, the Parties have duly executed this Agreement.

LSR Coaching and Consulting, LLC

\_\_\_\_\_  
By: Laura Rolands, Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Client Name: \_\_\_\_\_

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