**RELEASE OF LIABILITY**

Please note that your coach treats all of your personal information, including your name, your email address, and your correspondence as private and confidential. Confidential Information does not include information that the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; is disclosed to the Coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or others; or involves illegal activity.

**My Agreement of Release of Liability**

For good and valuable consideration of my being allowed to receive coaching services from a certified health and wellness coach, and, in that process, to be coached in fitness, nutrition, weight management, stress management, mental health, and/or health risk management, I do hereby waive, release, and forever discharge my coach and Wellcoaches Corporation and their officers, agents, independent contractors, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of fitness equipment arising out of my participation in any activities under such coaching. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of health and wellness coaching. I am solely responsible for creating and implementing my own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and my interactions with the Coach. As such, I agree that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. I further understand that my certified health and wellness coach, as applicable, is an independent contractor and not an agent of Wellcoaches Corporation.

I do hereby further acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate in physical activity and or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility and risks of injury or death from such participation and activity.

I agree to disclose details of the past or present psychological or psychiatric treatment. Coaching may complement therapy; however, I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy. In entering into the coaching relationship, and signing the agreement, I am agreeing that if any mental health difficulties arise during the course of the coaching relationship, I will notify my coach immediately so that an appropriate referral can be discussed. If I am currently under the care of a mental health professional, it is recommended that I promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by myself and the Coach.

**Release of Information**

The Coach engages in training and continuing education pursuing and/or maintaining Wellcoaches Credentials. That process requires the names and contact information of all Clients for possible

verification by Wellcoaches. By signing this agreement, you agree to have only your name, contact information and start and end dates of coaching shared with Wellcoaches staff members and/or other parties involved in this process for the sole and necessary purpose of verifying the coaching relationship, no personal notes will be shared.

Client Agrees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Declines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According to the ethics of our profession, topics may be anonymously and hypothetically shared with other coaching professionals for training, supervision, mentoring, evaluation, and for coach professional development and/or consultation purposes.

I accept the above release of liability.

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

Client’s Signature Date

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

Coach’s Signature Date

Northwoods Health & Wellness Coaching, LLC P.O.Box 1315 Rhinelander, WI 54501 715-367-4609

Email : [contact@NorthwoodsHealthWellnessCoaching.com](mailto:contact@NorthwoodsHealthWellnessCoaching.com)

Revised: 5-12-2020 Adapted from Wellcoaches Corporation © 2011