



*Bonita Quiroz Cantu*  
*Advanced Registered Nurse Practitioner*

COACHING AGREEMENT

This agreement, between Bonita Quiroz Cantu (Coach) and \_\_\_\_\_ (Client ) will include the Initial Inventory, approximately 2 hours client intake, and weekly coaching calls. There will be a minimum three month commitment/ twelve calls. Further services are available.

**The intake fee of \$200 and the coaching fees of \$250/month will be paid in advance of each service.**

The services provided to the client include a powerful, comprehensive process for personal transformation and coaching, as designed jointly with the client. Coaching may address specific personal projects, business successes or general conditions in the client's life.

I promise that all information provided will be kept strictly confidential. I will be honest and straightforward, asking questions and making requests. The purpose of our interaction is to keep you on purpose and aligned with your intentions and to support you in realizing those intentions.

To begin our working relationship, and to maximize our effectiveness, I make the following requests:

1. Please make all appointments/calls on time, or call at least 24 hours in advance to reschedule.
2. Be honest. My job is to support you in those actions YOU have chosen for yourself. Please use me as a safe place to look at what stops you from being in action.
3. Sometimes I may ask questions, which may seem too probing. Look right now and decide if you can give me full permission to be bold and forthright in all our interactions.
4. Please tell me what works and what doesn't work in having someone support you.
5. Look and see if your goal is one you are absolutely certain you are ready to begin making happen NOW.

As a client, I understand and agree that I am fully responsible for my well being during my coaching calls, including my choices and decisions. I recognize that coaching is not therapy and that professional referrals will be given to me if needed.

Our signatures on this agreement indicate full compliance with the requests above, and complete understanding of the services to be provided.

Client \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

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Dated: \_\_\_\_\_ 20\_\_\_\_