

## Solskinn Wellness & Botanicals, LLC. Coaching Agreement

### Improve your Health - Improve your Life

*Welcome! I am delighted to be your coach and look forward to working alongside you to discover the root causes of the symptoms you are experiencing. Let's formulate a customized plan for you to rebalance your body, improve your health, and create a healthier lifestyle that you and your family will enjoy for many years to come.*

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

**Health Coach Role:** As your health coach, accountability partner, and personal cheerleader, I am here to motivate you and help you make the lifestyle changes you want to accomplish. Whether it is stress management, sleep, diet, weight loss/gain, weight maintenance, exercise, discovering vitamin and mineral deficiencies, uncovering toxicities, balancing hormones, finding gut imbalances- together we will create small action steps specific to your goals and work to make a big change. Your overall wellness is my top priority. I will be by your side, celebrate with you, have hard conversations, and talk about delicate matters with you. I am here for you, to hear you, your concerns, your opinions, and based on your symptoms help you in any way possible to create a happier and healthier life, because that is what you deserve!

**Commitment:** I will be working with you as your coach because you want to make significant changes. These changes will sometimes happen fast and other times not so fast. Because things happen over time, I recommend a minimum of (3) one-hour consults or (6) thirty-minute consults. This will allow the coaching relationship to develop and be a powerful force in your life. There may be times when you have more that we need to work on and I will always work with you, for as long as you feel I am adding value to your life.

**Calls/Consults:** Coaching sessions will take place in person, over the telephone, or via Zoom. The package for 1 on 1 client coaching consists of (1) one-hour consult per month, or (2) thirty-minute consults per month. Your first session will be 80 minutes in length to allow us to get to know each other and set a positive direction for our plan.

During the first consultation we will go over the initial intake form you completed, discuss symptoms you are experiencing, and medication/supplementation you are currently taking. I will help you to establish goals and set up a time frame to achieve those goals. We will work to determine if at-home testing could be beneficial to help identify the root cause

of your symptoms, or complete written assessments to identify what protocols could be helpful, if you decide not to do testing.

In the days following our first consultation I will provide you with a personal plan of action to help you rebalance your body. I will provide recommendations for protocols that could be used to address what was found on the assessments or help you get lab tests ordered and completed. I will provide instructions that are easy to read and follow, provide handouts and shopping lists. I will send you links to look at or purchase anything we discussed during our consultation.

Future consults will be used to check in and discuss what results you are seeing, answer your questions, and make modifications as needed. Go over results of lab tests completed and plans to address what was found. We can discuss and brainstorm ways to implement changes in diet, exercise, stress, toxins, rest/sleep, and/or mindset and emotions. Supplementation and recommendations will be provided as needed. Making a lifestyle plan that works for you and your life is what we will be working to achieve.

**Changes/Cancellations:** I understand life gets crazy for all of us, so please let me know as soon as you can if you must change or cancel your session. If possible, please notify me 24 hours in advance and reschedule for another time that week. I put many hours into preparing for our consults and take our time together very seriously, so please call me, text, or message me as soon as possible. If you are late, I will wait 15 minutes before canceling your appointment. Please be advised in the event you are late; your appointment may not be extended. If you have an emergency, we will work around it.

**Extra Time:** If you would like brief contact via text or email, I do not bill for additional time less than 10 minutes. Also, feel free to communicate with me as needed via email. If a more in-depth conversation is needed, we will schedule a consultation to go over what is needed.

**The Coaching Relationship:** You can count on me to be honest and straightforward in our conversations. The coaching relationship is professional and strictly confidential. Information regarding your treatment plan, progress, test results, protocols being followed, your personal information, and any notes or files in relation to your health are always kept strictly confidential. If you feel comfortable to share your progress with others, that is up to you to share.

**Problems:** If I ever say or do something that does not feel right, please bring it to my attention during the session. I would never say or do anything to hurt you, but I do say things wrong at times, please just let me know. As your coach, I am 100% committed to you being powerful, successful and to you having the life you want.

**Fees:** Packages will be billed once per month for the duration of the package. Early cancellation is permissible but must be submitted at least 14 days prior to the next billing date. All billing will take place over a debit/credit card, unless otherwise negotiated.

I will check in by text or email once weekly to see how you are doing with the protocols, diet, exercise, supplements, anything we are working on currently.

1 hour lab results consultation without purchase of package are available upon request.

**Client agreements:**

1. I understand that I am fully responsible for my own well-being, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time with a two-week notice. I recognize that coaching is not any form of medical treatment or medical advice.
2. I understand that Solskinn Wellness & Botanicals LLC., coaching is only health coaching and is designed to facilitate personal growth and movement towards greater health and wellness. I understand that we will work together to determine the lifestyle changes needed and to develop a strategy/plan for achieving those goals.
3. I understand that Solskinn Wellness & Botanicals LLC. does not diagnose, treat, or cure any disease. I understand that Solskinn Wellness & Botanicals LLC. Coaching is not a substitute for medical care. I understand that if I need any medical advice or treatment I need to follow up with my doctor or hospital.

4. I understand that all decisions that I make as far as at-home testing, nutritional supplements, or protocols, continued coaching are exclusively mine, and I acknowledge that my decisions and my actions regarding them are my responsibility.

5. I understand that Solskinn Wellness & Botanicals LLC. is in no way guaranteeing any results. I understand that my results are dependent on the effort and time that I personally dedicate to the process of achieving my goals.

I have read and agreed to the above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Solskinn Wellness & Botanicals LLC \_\_\_\_\_ Date \_\_\_\_\_

**Solskinn Wellness & Botanicals, LLC.**

Liability Waiver

1. I fully understand that Solskinn Wellness & Botanicals LLC. is not a licensed medical doctor, and Solskinn & Botanicals Wellness LLC. does not diagnose, treat, or cure disease, and that I am not here for medical advice or treatment. Any interpretation of lab results or suggestions made will be used solely by me as an educational tool for personal health purposes.

2. Suggestions and protocols offered for my own wellbeing and are not intended to take the place of qualified professional medical care. I will consult my medical care provider

before using herbal medicine particularly if I have a known medical condition or if I am pregnant or nursing.

3. I am responsible for my own health. As with conventional medicine, herbal protocols need to be used responsibly and taken only in the amounts suggested.

4. I agree that all nutritional supplements, herbs, protocols, are taken at my own risk. As with any ingested substance allergic reaction is a possibility in some individuals. I have been informed of the risks and assume all responsibility personally for taking such a product.

5. I agree that I and my heirs, guardians, legal representatives, and assigns will not make claim or file any action against Solskinn Wellness & Botanicals LLC. or Stephanie Pape for injury or damage resulting from negligence or other acts, whatsoever, caused in connection with my consultation.

6. This waiver releases Solskinn Wellness & Botanicals, LLC. or Stephanie Pape from any liability or injury or loss arising out of the use of or reliance on the laboratory results and/or dietary, supplement, and lifestyle recommendations.

I have carefully read this agreement and fully understand the content. I am aware that this is a waiver and release of potential liability and a contract between Solskinn Wellness & Botanicals LLC. and myself, I consent of my own free will.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_