



# Co-Creative Mentoring

Sheryl Harrell, MA/A.B.S., BCC

1101 E. Elizabeth St.  
Fort Collins, CO 80524

970.221.3898

## CLIENT COACHING AGREEMENT

### Sheryl Harrell's Credentials:

- I received a Master's degree in Applied Behavioral Science (MA/A.B.S.) from City University, Leadership Institute of Seattle in 1990.
- I received a Certificate of Completion (EFT-ADV) for Emotional Freedom Techniques (EFT) in 2007 and received Practitioner Certification (EFT-CERT 1) in 2009.
- I received a Wellbeing Coach Certification in 2006.

### *I understand that:*

- ✓ An assessment will be conducted to determine the general health of my energy system and this information will be shared with me.
- ✓ Any suggestion made by the practitioner will be to assist my body's natural ability to achieve a balanced state to the extent that my body/mind will allow.
- ✓ The goal of our sessions will be identified as part of the coaching process and I will have input into my goal setting.
- ✓ These sessions are not meant to replace treatment by established medical practices but to complement them.
- ✓ No guarantees as to the results of coaching are expressed or implied by the practitioner.
- ✓ All issues related to my session are confidential.

### *I agree to:*

- ✓ Raise any questions about anything I do not understand.
- ✓ Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners.
- ✓ Take full responsibility for my own health care.
- ✓ Give consent to SHERYL HARRELL to conduct a session to balance my energy system, which may include light touch and/or tapping at various points on my body.

**CANCELLATION POLICY:** If you must cancel a session, please give at least 24 hours' notice. Your consideration is much appreciated. Missed appointments will be charged at the regular rate with allowances for emergency situations.

By signing this **Client Coaching Agreement**, I acknowledge that I have read and understand SHERYL HARRELL'S **Disclaimer** and my **Client & Coaching Rights and Responsibilities**.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature