

Stuart Showalter
Child Custody Advisor
P.O. Box 374
Lebanon, IN 46052-0374
Stuart@StuartShowalter.com

LIFE COACHING AGREEMENT FOR WEEKLY SERVICES

This agreement between Stuart Showalter and _____, consisting of two pages, is for Life Coaching Services which are as follows;

- ~ A scheduled weekly consultation [telephone or in-person] of up to two hours to review my progress, discuss my concerns, make any adjustments to my plan, and grow my confidence.
- ~ E-mail and text support to address specific concerns about situations that arise between weekly sessions which may be limited at Mr. Showalter's discretion.
- ~ Documentary support and related articles sent to my e-Mail address.
- ~ 24 hour emergency telephone contact which will be billed at the Additional Consultation Rate.

The life coaching services that Mr. Showalter provides are intended to create harmony between my mental and physical health, relationships with people, legal issues, financial matters, employment, education and personal development including consultation with any other practitioners in my service.

Stuart Showalter and his associates are not attorneys, mental health professionals, physicians, financial planners or securities dealers and have not obtained any required licensing to practice in any of those fields or any others that may be part of this service unless explicitly stated.

By affixing my signature hereto I acknowledge that Mr. Showalter is not acting as my attorney, mental health professional, physician, financial planner or securities dealer and is not providing specific advice as a substitute for that provided by those professionals. I further acknowledge that it is my responsibility to determine the need for services by any of those professionals and to obtain such services without the recommendation or assistance of Mr. Showalter.

FEES

Standard Weekly Fee - \$100.00 per week due by five days prior to each week for Life Coaching Services as detailed above are desired. I understand and agree that I will be responsible for any additional costs as detailed herein.

Additional Consultation Rate - Consultations in addition to the regularly scheduled weekly sessions are billed for a minimum of one half hour at the rate of \$90 per hour. Weekly consultations that exceed one hour and additional consultations that exceed one-half hour are billed in 10 minute increments at Mr. Showalter's discretion. However, you will only be billed if Mr. Showalter informs you at that time that additional charges are accruing.

Travel Rate - Necessary travel for Mr. Showalter over 10 miles round trip from the Indiana State House is billed at \$1.20 per mile inclusive of time.

Day Rate - Mr. Showalter has established a day rate for attending court hearings, any other meetings with your other professionals or for such things as a complete personal inventory. The Day Rate is \$500 for up to 8 hours and also includes a detailed report of Mr. Showalter's observations.

I agree to pay Stuart Showalter for all services provided to me at the rates detailed under the section "FEES" herein. The Standard Fee is due at least five days prior to each week I desire services without

additional notice or billing statement being provided. Additional fees may be demanded at the time services are provided but must otherwise be paid within five days of receiving an invoice, whichever is later. I understand that failure to pay may result in the immediate termination of this agreement.

TERMINATION - I understand that I may terminate this agreement at anytime without prior notice by providing written notice to Mr. Showalter. I further acknowledge and understand that I will receive a refund of any advance payments for services not used beyond the current week but that any outstanding additional fees will be deducted from that refund. I also acknowledge and understand that I am still responsible to pay any outstanding balance that may exist.

PRIVACY - Before signing this agreement I acknowledge and understand that I have been provided with a copy of Mr. Showalter's Privacy Policy and have signed the acknowledgment of receipt of that Privacy Policy. I further acknowledge and understand that that Privacy Policy constitutes the entirety of Mr. Showalter's Privacy Policy and that no other statement, written or verbal, direct or implied substitutes for or amends in any way that Privacy Policy.

By signing this agreement, I, _____, acknowledge that I have been advised by and am aware that Stuart Showalter and his associates are not attorneys, mental health professionals, physicians, financial planners or securities dealers and are not providing specific advice as a substitute for that provided by those professionals unless those professionals specifically acknowledge their discipline.

I understand that neither Stuart Showalter, his associates, nor any other person can guarantee that I will achieve my goals and I acknowledge that no guarantees have been made to me. I further understand that Stuart Showalter or his associates may assist me and any other professionals I have hired in establishing, implementing and coordinating my actions to achieve my goals but that I am ultimately responsible for all actions that I take.

I further agree to be bound by the conditions of this agreement and acknowledge that Stuart Showalter and his associates are not intended to replace or substitute for the services or advice of any field specific professionals such as attorneys, medical professionals or financial service providers.

By signing below I acknowledge that this document comprises our complete agreement and that no terms of this written agreement are subject to change by any verbal agreement.

Signature

Date

Name

Phone

e-mail

Stuart Showalter

Date

Stuart Showalter
P.O. Box 374
Lebanon, IN 46052-0374
Stuart@StuartShowalter.com
(Page 2/2)