Wellness Coaching Class Contract/Agreement

Congratulations on your decision to participate in this wellness class! With the help of me as a wellness coach and pastor, you will greatly improve your ability to accomplish your health and fitness goals faster, safer, and with maximum benefits. The details of these training sessions and knowledge gained can be used for a lifetime.

During this class, every effort will be made to assure your safety. As the class instructor I want to remind you I am not a doctor. I cannot prescribe medicine. I cannot prescribe an eating or exercise regimen. My job is to share the Word of God with you to challenge you and encourage you to become healthier. I am a coach, a mentor and a pastor. I will be your biggest cheerleader! As you begin to exercise and fulfill your health goals, there are risks, including increased heart stress and the chance of musculoskeletal injuries. Again, listen to the advice of your primary doctor BEFORE you begin to make changes! In volunteering for this class, you agree to assume responsibility for these risks and waive any possibility for personal damage. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by me as a wellness coach.

By signing this document, you are committing to taking control of your health – physically, mentally and spiritually.

You will make every effort to be in attendance for each weekly class.

You will make every effort to follow through with all weekly assignments.

You will abide by the class ground rules.

“Discipline yourself for the purpose of godliness.” – I Timothy 4:7

_____ ____
PRINT NAME AND SIGN AND DATE

_____
GUARDIAN’S SIGNATURE DATE Required for clients 17 years old and younger

_____
WELLNESS COACH PRINT NAME AND SIGN AND DATE