

Joseph Feusi, Motivational Mentor

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Mentoring Disclaimer and Waiver, and Cancellation Policy for Parent or Guardian Signature

All mentoring/coaching services and communication, email or otherwise, delivered by Joseph Feusi, (your "Mentor"), as well as information set forth on his website (motivationalmentor.com) are meant to help you identify the areas in your life and in your thinking that may be standing in your way. However, mentoring/coaching is not professional mental health care or medical care. If you feel psychologically stressed to the point that it is interfering with your ability to function, please have the courage to seek the help you need in the form of a professional counselor. Mentoring/coaching may augment your therapy, but the work of mentoring/coaching is meant to be done when major emotional and psychological wounds are already healing or healed.

In that spirit, by purchasing mentoring/coaching services from your Mentor, you confirm that you have read and agree to each statement and that you wish to proceed:

- I understand that the mentoring/coaching services I will be receiving from my Mentor are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Mentor is not acting as a mental health counselor or a medical professional.
- I understand that mentoring/coaching is, at present, an unregulated industry and that my Mentor is not licensed by the State of California or any other state. I also understand that for all legal purposes, the services provided by my Mentor will be considered to be provided in the State of California.
- I understand and agree that I am fully responsible for my well-being during my mentoring/coaching sessions, and subsequently, including my choices and decisions.
- I understand that mentoring/coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy.
- I understand that all comments and ideas offered by my Mentor are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my Mentor to assist me in achieving such goals.
- I understand that to the extent our work together involves career or business, my Mentor is not promising outcomes included but not limited to increased clientele, profitability and or business success.
- I understand that my Mentor will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement limited in this capacity. Furthermore, if my Mentor is ordered by a court to provide information or to testify, he will do so to the extent the law requires.
- I understand that the use of technology is not always secure and I accept the risks of confidentiality in the use of email, text, phone, Skype and other technology.
- I hereby release, waive, acquit and forever discharge my Mentor, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by my Mentor as a result of the advice given by my Mentor or otherwise resulting from the mentoring/coaching relationship contemplated by this agreement. I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement. This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.
- **Cancellation policy:** Your scheduled time is guaranteed; however, all sessions are subject to cancellation. You are required to give a 48-hour notice of cancellation, or your time will be deducted as used and billed to you.

Client's Printed Name

Parent or Guardian's Printed Name

Parent or Guardian's Signature

Date