



People Biz, Inc.

AGREEMENT & GROUND RULES FOR THE COACHING CLINIC VIRTUAL PROGRAM

Please return the completed form to coach@peoplebizinc.com, by using the Submit button above, or send by fax to (512) 366-9763.

I understand and agree that I am fully responsible for my physical, mental, and emotional well-being during my program. I understand and agree that this is not counseling or therapy.

I agree to attend all sessions, and to promptly let the group know when I have to miss, by posting on the group message board.

I understand that there may be times when I do not want to be in the program. I agree to communicate this to the group and work it out.

I give the group and the coach permission to speak freely and I agree to speak freely. This is necessary for us to develop communication. I agree to keep everything that is said in class confidential and not to repeat anything said to someone outside of class.

I agree to allow the group to hold me accountable for my actions and promises made.

I am willing to give up “victim” language and grant permission to the group to call attention to it if I do use this language.

I agree to have this program make a difference in the lives of others. I agree to act as a leader on our calls, in my business and in my community. I agree to let the group hold me accountable to a high standard of leadership and integrity.

I understand that the tuition for this 6-month, 18-session program is \$995, and payment in full is due upon registration. I understand that tuition for this program is non-refundable, if notice of cancellation is not given within 30 days of the program start date.

If I am participating in this course for free as a full-time coaching client, I understand that if my status changes from full-time coaching client, I will owe the prorated amount for the remainder of the program. Full-time coaching clients are scheduled for three sessions per month with their People Biz coach.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Business Name and Title: _____

Mailing Address: _____

Credit Card Number: _____ Expiration: _____