**One Step at the Time**

**Walk and Talk Coaching**

Amy Menke, M.A.,

Licensed Mental Health Counselor, Certified Life Coach

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have requested Walk and Talk Coaching, which is a coaching session taking place outside of the office while walking. I understand that I may request that my sessions take place within the office at any point.

By signing this form, I further agree to the following:

\*I agree that I am responsible for setting the walking pace of the walk and talk sessions.

\*I understand that this is not personal training.

\*I agree to communicate with my coach if I am uncomfortable physically or emotionally while participating in walk and talk coaching.

\*I take full responsibility for my medical and physical well-being and will not hold Amy Menke legally or financially responsible for any medical conditions and/or accidents that may arise out of walk and talk coaching.

\*I agree that I have no medical conditions that would endanger me while walking.

\*I understand the limits of confidentiality as it applies to coaching in public places. I understand that my coach will follow my lead should we come into contact with a person I know, and that my coach will make every effort to preserve client confidentiality and privacy while conducting walk and talk coaching sessions.

I understand and agree to the above regarding Walk and Talk Coaching:

Print Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_