



2025 COMPREHENSIVE COACHING AGREEMENT

1. PARTIES. This Coaching Agreement ("Agreement") made on (date) _____ is by and between:

Client: _____ ("Client"), and **Coach:** Angie Skinner ("Coach").

In consideration of the mutual terms, the Client hereby employs the Coach as an independent contractor under the following terms and conditions:

2. TERM. The term of this Agreement shall commence on _____ and will cancel upon: _____. If the Client elects, the contract will shift to a month-to-month agreement afterward, with no adjustment in fees. If the Client elects to continue support, the agreement may be terminated with 30 days written notice, preferably by e-mail. This will give our team ample time to finalize all projects and shift pertinent files back to the Client on a secured server for download. The Client maintains ownership of all files that we have generated, regardless of provenance. Terminations with a shorter notice will incur additional fees to compensate our team for quick turnaround on delivery and project completion.

3. SERVICES PROVIDED. The Coach agrees to provide the Client the following services: See attached Services page. Please note: The Client can give the Coach or team member(s) permission to act as their agent(s) in certain circumstances, and we will happily do so.

4. PAYMENT PROCEDURE. The Client agrees to pay the Coach the following for the services mentioned in Section 3 of this Agreement is **\$2750 per month**. PDC is paid on the first of each month. Work will begin once this signed Agreement is signed, faxed or emailed to us, and the first payment is received. Clients who start mid-month will be charged a pro rata fee for the current month.

5. INCIDENTALS. There will be some items needed to enhance the profitability of the practice, generally available through third parties. Those items will be suggested by the Coach and purchased separately by the Client. The Coach will communicate the exact need for and cost of those items in the given circumstance.

6. CONFIDENTIALITY. The Coach recognizes that the Client may have future plans, business affairs, customer lists, financial information, job information, goals, personal information, and other private information. The Coach will not at any time, either directly or indirectly, voluntarily use any information for the Coach's own benefit, or disclosure, or communicate this information to a third party.

7. DISPUTE RESOLUTION: Any disagreement arising from the terms of this agreement will be submitted to arbitration, to occur via telephone. The parties agree to be bound by the decision of a mutually agreed upon arbitrator whose fees will be split equally between the parties.

8. SESSION TIME. Coaching is scheduled at the mutual convenience of the Coach and the Client. The day and time for the next call/virtual meeting will be scheduled at the close of each coaching session. All Clients will be afforded as much consistency as possible for team training regarding day of the week and time. The Client may choose telephone, Zoom™, FaceTime™, or other means of communication as they wish, relative to the training provided.

9. CALL PROCEDURE. The Coach will call the Client at the pre-arranged time and telephone number as scheduled, and the Coach pays all telephone charges for private coaching sessions...excluding international clients. The Coach maintains a private Zoom account for virtual meetings and will invite the Client prior to the meeting time. Splashtop virtual access of the Client's software is often needed for training purposes. Please remember, cancellations must be made 24 hours in advance. There will be no refund or credit for cancellations made less than 24 hours prior to a scheduled session.

10. IN-PERSON MEETINGS: May be booked through a separate agreement, at \$2500 for a full day and \$1250 for a half day. Travel expenses (airfare or mileage, rental car, hotel, meals) will be invoiced separately.

Client Signature: _____ **Consultant Signature:** _____

Print Name: _____ **Print Name:** _____

My signature confirms my wish for Coach Dentists to begin the Coaching process. I understand my card will be invoiced the 1st of each month. I wish to pay via: _____ VISA _____ MasterCard _____ Discover

Name as it appears on card: _____

Card Number: _____

Exp. Date: ____/____ **CVC Code:** _____

Billing Address of Card: _____

City: _____ **ST:** _____ **Zip Code:** _____