

Name: _____

Wild Heart Revival, LLC.
Melissa Reed-Eckert
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(303) 886-1764

Client Information:

Client Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Employer/School: _____

Employer/School Address: _____

Responsible Party:

If you are the parent or legal guardian of a client who is under the age of 18, please complete the following with your information. If you are over the age of 18, please proceed to the next section.

Name of Parent(s) or Legal Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Employer/School: _____

Employer/School Address: _____

Emergency Contact Information:

Name: _____ Relationship to Client: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Name: _____

Medical Information

Health Insurance Provider:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Physician:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please list any medical conditions/medications Wild Heart Revival staff should know about:

Pre-existing injuries and any known physical limitations (describe): _____

Please list any allergies (medications, foods, plants, animals, insects, etc.). Describe expected reactions and interventions or treatments for your known allergies: _____

Have you recently or in the past thought about suicide? Yes ___ When _____ No ___

Have you ever attempted suicide? Yes ___ No ___

If your answer is yes to either of these questions, please explain whether you continue to have these feelings and if you are currently working with a licensed psychotherapy professional on this or other personal relevant topics. _____

Name of Therapist (Optional):

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Medical Authorization and Release of Liability

Adult Agreement or Parent's/Guardian Agreement for Melissa Reed-Eckert, Wild Heart Revival, LLC, and WHR Employees and Collaborators:

I understand the physical activities associated with outdoor environmental education and/or nature-connected coaching as offered by Melissa Reed-Eckert, Wild Heart Revival, and Wild Heart Revival employees and collaborators (collectively referred to as "Wild Heart Revival" or "WHR") may involve the physical demands of traversing over rough terrain, backpacking, personal and crew gear, and voluntarily climbing of mountains. Having the assurance of my, or my child's, good health through a current physical examination by a medical doctor, I hereby give consent for me, or my child, to participate in these activities with Wild Heart Revival. I have included in this form all necessary medical information about myself, or my child, that should be known by the leadership of the program. I assure my, or my child's, cooperation and assume responsibility for my, or my child's, actions. I understand that I am responsible for any medical expenses incurred in the event of needed medical attention for myself or my child. I further agree that I will be financially responsible to repair or replace all items lost or abused by myself or my child. In the event of an emergency, I authorize my consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice. I understand that the designated emergency contact will be contacted as soon as possible. **By signing below, I certify this is a release of liability.**

Signed (Participant): _____

Signed (Legal Guardian if Client is a Minor): _____

Date: _____

Release of Liability & User Indemnity Agreement for Melissa Reed-Eckert, Wild Heart Revival, LLC, and WHR Employees and Collaborators:

I hereby acknowledge that I, or my child, have voluntarily agreed to participate in the physical activities associated with environmental education and/or nature-connected coaching facilitated by Melissa Reed-Eckert, Wild Heart Revival, and Wild Heart Revival employees and collaborators (collectively referred to as "Wild Heart Revival" or "WHR"). I understand that the physical activities and all other hazards and exposures connected with the activities conducted in the outdoors do involve risk and I am cognizant of the risks and dangers inherent with the activities. I, or my child, am, or is, fully capable of participating in the activities contracted for in my professional contract with Wild Heart Revival and willingly assume the risk of injury as my responsibility whether it is obvious or not. I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my, or my child's, negligence in any scheduled or unscheduled activities associated with Wild Heart Revival, are my responsibilities. I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons, and I, or my child, may be exposed to temperature extremes and inclement weather. I further agree and understand that any route or activity chosen may not be of minimum risk, but may have been chosen for its interest and challenge. I understand that I, or my child, may be traveling via vehicle (owned, rented, or operated by Wild Heart Revival) or by public transportation. And I understand that motor vehicle accidents may occur in the course of transporting myself, or my child, to or from activities, sessions, or locations. I agree to defend, indemnify, and hold harmless Wild Heart Revival, the USDA Forest Service, Colorado Parks and Recreation Department, and any and all private landowners and city, county, state or federal government agencies whose property the activities may be conducted on, and all of their officers, members, affiliated organizations, agents, or employees for any injury or death caused by or resulting from my or my child's participation in the activities, scheduled and unscheduled, whether or not such injury or death was caused by my, or their, negligence or from any other cause. **By signing below, I certify this is a release of liability.**

Signed (Participant) : _____

Signed (Legal Guardian if Client is a Minor) : _____

Date: _____

Name: _____

Client Bio:

Client marital status: _____

Names and ages of Immediate Family Members: _____

Currently a Student? Yes _____ No _____ Current Occupation: _____

Describe why you are seeking nature-connected spiritual life coaching at this time? _____

What goals or outcomes do you hope to achieve with coaching?

1. _____

2. _____

3. _____

4. _____

Describe known obstacles to overcome: _____

Describe your existing network of support: _____

Previous Wilderness Experience:

Please indicate any outdoor sports or leisure experience (hiking, snowshoeing, camping, etc.), skill level (beginner, intermediate, advanced, or expert), and associated comfort level (e.g. fearful, pushing my edges of comfort, comfortable): _____

Please describe your current relationship to Nature: _____

Name: _____

Financial Agreements

Standard Service Fees:

Please review the rates for the following services. Coaching sessions lasting over two hours in length may be subject to additional service fees. Outdoor sessions require a minimum of 90 minutes per session.

◆ Individual, Couple, and Family Rate: \$90/60 minute session; \$120/90 minute session, \$150/2 hour session.

◆ Fee for each additional half-hour: \$45

◆ Phone consultations: \$90/hour

◆ Customized coaching packages available.

Custom Coaching Package and fees: _____

Discount Rates:

If you are currently eligible for receiving a rate reduction, please enter this rate here: _____.

This corresponds to a _____% discount.

Appointment Cancellation Policy:

In the event you need to cancel an appointment, please provide notice to Wild Heart Revival within 24 hours of your scheduled appointment time. If you cancel less than 24 hours before your scheduled appointment, you will be charged a fee of \$____. If no notice is given at all, your coach's standard service fee as agreed upon in this disclosure will be assessed for that session.

Coaching Package Cancellations/Refund Policy:

If you've purchased a coaching package and find yourself unable to use your sessions for any reason, you may put the remaining sessions on hold for ____ months. Session credits will not be carried out further than 6-months. Coaching fees are nonrefundable should you decide to exit the coaching agreement.

Name: _____

Special Event Cancellations/Refund Policy:

Deposits for workshops, retreats, and other special events are non-refundable at any time after receipt unless we cancel the program, you are not accepted for a particular program, or it is full.

The balance of your special event fee is non-refundable unless we cancel the program, you are not accepted for a particular program, or it is full. For cancellations made 5 weeks or more before the start date of a program, the deposit and all fees paid can be credited for a later program of the same type. This can be done only one time. However, an additional non-refundable deposit must be sent in order to hold space in the later program. For cancellations less than 5 weeks before the start date of a program, all fees paid are forfeited.

Policy for Non-Payment:

Financial Agreement

In the event billing efforts fail, delinquent accounts may be subject to collections. This coach and Wild Heart Revival will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

I understand and agree to the proceeding Financial Agreement and Cancellation Policies above.

Signed: _____ **Date:** _____

Client Signature (Legal Guardian if Client is a Minor)

Please sign and date below indicating you have been provided accurate information and understand the limits of service charges and billing information.

Signed: _____ **Date:** _____

Client Signature (Legal Guardian if Client is a Minor)

Signed: _____ **Date:** _____

Coach Signature

Name: _____

Statement of Intent

All nature-connected coaching and life coaching services delivered by Melissa Reed-Eckert and Wild Heart Revival are meant to challenge, uplift, empower, and support you. However, coaching is not psychotherapy. If you feel psychologically stressed to the point that it is interfering with your ability to function, please seek the help you need in the form of a professional licensed counselor or therapist. Life coaching may augment your therapy, but the work of coaching is meant to be done when major emotional and psychological wounds are already healing or healed. In that spirit, please read the following and sign below should you agree to each statement and wish to proceed:

◆ I understand that the coaching services I will be receiving from Melissa Reed-Eckert and Wild Heart Revival are not offered as a substitute for mental health care. I also understand that my coach is not acting as a psychotherapist, and does not purport to offer mental health care.

◆ I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.

◆ I understand that all comments and ideas offered by my coach are solely for the purpose of aiding me in achieving my defined goals and desired outcomes. I have the ability to give informed consent, and hereby give such consent to my coach to assist me in achieving such goals.

◆ I hereby release, waive, acquit and forever discharge Melissa Reed-Eckert and Wild Heart Revival, LLC, their agents, successors, assigns, personal representatives, executors, heirs and employees (collectively "Wild Heart Revival" or "WHR") 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 actions, omissions, or commissions taken by myself or by WHR as a result of the advice given by WHR or otherwise resulting from the coaching relationship contemplated hereunder. I further declare and represent that no promise, inducement or agreement not herein expressed has been made to me to enter into this release. The release made pursuant to this paragraph shall bind my heirs, executors, personal representatives, successors, assigns, and agents. I have read the statements above and I understand and agree with the points contained therein:

Signed: _____ Date: _____

Client Signature (Legal Guardian if Client is a Minor)