



Coaching Questionnaire & Release Form

The process you are about to begin in your coaching sessions with Deb Chamberlin is an inward sacred journey that only you can take. Your willingness to commit to opening to your truth, to uncovering your pure potential and examining your relationships with life itself, will ensure that your journey takes you where you desire to go. Sometimes it will feel exhilarating, other times it may feel rigorous and confronting. Deb is masterful at holding you in a safe space and facilitating the process in a gentle, productive flow, guiding the way for you to experience breakthroughs and brand new possibilities for yourself and your life. You have 100% authority throughout each session to communicate any needs, concerns or issues that may arise.

*Before booking your first session - Please complete the following information
& email to Deb at deb@theawakenedartist.net*

Name:

Birthdate/Age:

Address:

Email:

Phone: cell / landline

Website or Links to show your Art:

What kind of artist are you?

What is your level of experience?

What brings you to *The Awakened Artist* Coaching right now?

What kind of support and outcome(s) are you looking for with this coaching?

Any other relevant information you wish to share with Deb?

Dates/Times you are available for appointment (*Monday to Friday only*):

Skype name or email / or / USA phone number to be called for session:

Your time zone:

Release Form For *The Awakened Artist* Coaching Services:

I, _____, (*client's full legal name*) am aware that Deb Chamberlin is not a licensed counselor, therapist or medical professional, and that The Awakened Artist coaching sessions are not intended to be a replacement for psychotherapy or medical care. The ideas, practices and information offered by Deb do not constitute a replacement for a consultation with a licensed mental health practitioner or physician, and do not claim to cure any disease or illness. I take full responsibility for my own outcomes, choices and personal well-being as a result of my working with Deb. I agree that by working with Deb, she bears no liability for my mental, emotional, physical or spiritual well-being. I understand that my success and any benefits I receive from working with Deb are dependent upon my own full participation in the process, and I therefore assume full legal and financial responsibility for my sessions with her. I understand that I have the capacity and authority to end a session at any time if I feel unable to complete the session, for any reason. I agree that full non-refundable payment for each session is due before the session begins (regardless if I choose to complete a session or not). I realize if I purchase the 5-session package, I have 3 months from date of purchase to complete all the sessions.

(*client signature – handwritten or typed*)

(*date*)

Constitutes official signature)