

DR. GARY WOHLMAN, PhD

Founder & Director, Amber Phoenix Pty Ltd (Aust.) Wohlman Wellness & Coaching (Bali)

T Australia +61 (0) 433 126 019 T USA +1 917 856 6774

Email garywohlman@gmail.com WEB www.garywohlman.com

8/2 Fiona Court, St Kilda VIC 3182 Australia

CONSULTANT/SPEAKER/TRAINER/THERAPIST AGREEMENT

Welcome! It is important for both of us to establish clear parameters within which we work. This confirms on / /20 , the agreement between DR. GARY WOHLMAN, PhD (aka "ELIJAH"), AMBER PHOENIX PTY LTD, OR WOHLMAN WELLNESS & COACHING and GW ENTERPRISES, and CLIENT: _____ is fully in force and agreed upon by all parties of this executed agreement.

PROGRAM(S)

REQUESTED

(Please tick all that apply)

- ☐ Keynote Presentations
- ☐ Full-Day Sessions
- ☐ Half-Day Training
- ☐ Breakout and Group Sessions
- ☐ CEO & Corporate Executive Program
- ☐ Private Coaching for Non-Corporates
- ☐ Coaching by Phone & Coaching by Mail
- ☐ Core Energetics Psychotherapy
- ☐ Body Therapy

DATE(S): _____

TIME: _____

PLACE: _____

FEES: See Fee Schedule Attached and/or Addendums (if applicable) **TERMS OF PAYMENT:** While the contract can be faxed back immediately, a 50% deposit (\$ _____) is required by (Date Due By / /20 , or the time and/or date for the program(s) requested cannot be guaranteed. A check for the balance of \$ _____ is due no later than thirty days (/ /20) prior to the date of your event. As a convenience, it may also be sent along with the deposit as a post-dated check for \$ _____. Unless otherwise agreed upon, all services are to be paid for in full on or before the services are rendered. With regard to group presentations, 50% of the agreed upon fee is to be paid by date due above as to secure your booking.

EXPENSES: Client agrees that all travel and reasonable hotel accommodations will be either provided for DR. GARY WOHLMAN, PhD or expenses incurred by DR. GARY WOHLMAN, PhD for the rendering of your booking, is solely the responsibility of you, the Client. This includes but is not limited to: airfare, car rentals or car service transportation, ground transportation, and meals.

Unless otherwise specified, DR. GARY WOHLMAN, PhD will arrive at the specified location one day prior to a group session and will remain two days after the session to be available to deliver treatments "by a visiting master".

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Kindly make checks payable to:

HELD HARMLESS AGREEMENT: While DR. GARY WOHLMAN, PhD will make every effort to show up on time for any agreed-upon presentations he has to give, it is agreed that he will not be held responsible for being late to an event as a result of an unforeseen act of God, medical, or other emergency.

CANCELLATION POLICY: Life happens and sometimes we need to change plans. For all events our policy is as follows:

3 Day Buyer's Remorse Clause: In the event that an agreement is made and within three (3) days the client changes their mind about moving forward, any deposit made is returned in full.

Cancellation up to 90 days prior to program commencement date, you will receive a full refund of your deposit minus a \$200 administration fee.

Cancellation up from 30 - 90 days prior to program commencement date, you will receive a 50% refund of your initial payment, minus the \$200 administration fee as above.

Cancellations from 30 days to start of event, no refunds.

With proper notification, client can transfer payment to another date within twelve (12) months of the initial date of the event, provided that the date for the next event is made within thirty (30) days of the cancellation of the first event.

CALLS: Calls will be scheduled by appointment and at the expense of the client unless otherwise specified by DR. GARY WOHLMAN, PhD.

CHANGES: If you need to reschedule your LIVE or telephone session with me, please give me at least 24-hour notice either by phone or email. Without giving me this sufficient notice, I am unable to fill the space and give it to someone else who may have wanted that time slot, too. I appreciate your being responsible for your time, and in this case ask you to pay in full for the missed session. Sorry. If you have a medical or other emergency, of course we'll work around it. I will notify client of any vacation time that I will be taking or "off time" at least one week in advance – not to include any emergencies or act of God.

EXTRA TIME: If you are contracting to have private LIVE or telephone sessions with me, you are welcome to call or e-mail me between these sessions if you need advice, have a problem or can't wait to contact me. I do bill for extra time above and beyond the agreed upon time. Please only utilize calling me on unscheduled times with great restraint as I try to give each of my clients the benefit of all my attention at their scheduled times and you may be calling me at a time that I am on the phone with a scheduled client, so please be patient. Thank you so much.

PROBLEMS: If I ever say or do something that upsets you or does not feel right, please let me know. I promise to do whatever is necessary to have you satisfied. If you are in agreement with the above, please sign where indicated and mail, email or fax this back to me. If there is something you disagree with, let me know that as well.

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ADDENDUMS: It is understood that if there are any agreements made between you as the client and myself which differ from the points made above, that the amended understandings are put down in writing so we can both be clear as to our terms of working together.

MISSED APPOINTMENTS: Any change to an appointment requires 24 hours notice – except in the case of a medical or other emergency. If this is not given, the **full fee will be charged**.

My agreement to you: “I agree to use the best of my abilities to help you make the refinements and changes you seek, and also to treat you with care, love and respect. I agree to give you my undivided attention and professional assistance during our consultations, and I agree to strict confidentiality. I am professionally committed to using my training and skills to assist you in returning to your authentic self, as well as improving whatever aspects of yourself you desire to improve.”

DR. GARY WOHLMAN, PhD (aka “Elijah”) – Wellness & Creativity Specialist, Dip R.M., D.T.M.T, In.T. Member, Australian Traditional Medicine Society ATMS # 12835, Core Energetics Psychotherapist, Nationally Accredited Training Programs in “Certificate IV in the Wohlman Method for the Whole Person”

I look forward to a long and productive relationship.

By: _____
DR. GARY WOHLMAN, PhD

Date: / /20

For: _____
Signature

Date: / /20

Print Name

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FEE SCHEDULE FOR SERVICES RENDERED BY DR. GARY WOHLMAN, PhD:

Function	U.S. and AUSTRALIAN DOLLARS
Keynote Presentations	\$5000 - \$7000
Full-Day Sessions	\$3000 - \$7000
Half-day Training	\$1600 - \$3800
Breakout and Group Sessions	\$500/per group hour
CEO & Corporate Executive Program	\$1750/4 hours
Private Coaching for Corporate	\$250 - \$350/hour
Private Coaching for Non-Corporate	\$250/hour
Coaching by Phone & Coaching by Mail	\$250/hour
Core Energetics Psychotherapy	\$150/hour
Body Therapy	\$150/hour

Note: Preferred duration of body therapy healing treatments is 75 minutes, with up to 15 additional minutes to review and create an action plan for sustaining and improving upon outcomes achieved during the session. (Please note that this schedule is a part of your agreement package and is subject to change per DR. GARY WOHLMAN, PhD)

Some additional bookings that Gary is available for are: Presentation/Communication coaching; Conflict Resolution; Team-Building; Customer Service Training; Clowning Workshops; Performance Art; and Online Astrology Reports.

*Any special changes or additional agreements will be attached to this agreement as an addendum and is subject to additional cost.

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MEDICAL AGREEMENT ADDENDUM

- I agree to inform DR. GARY WOHLMAN, PhD (aka "Elijah") of all physical or mental conditions that might affect his work with me.
- I have informed him in strictest confidence whether I have any of the following physical, mental or emotional conditions that apply (please tick):
 - ☐ Epilepsy ☐ Cancer ☐ AIDS ☐ Clinical depression
 - ☐ Phobias ☐ Panic Attacks ☐ Psychosis ☐ Schizophrenia
 - ☐ Anorexia ☐ Bulimia ☐ Alcoholism ☐ Drug Dependency
 - ☐ Previous Whiplash
- Other please state: _____
- I understand that any treatments/sessions I have with DR. GARY WOHLMAN, PhD (aka "Elijah") are not a substitute for seeing a medical doctor, nor are in any way a form of medical advice. • I am clear that DR. GARY WOHLMAN, PhD (aka "Elijah") is a remedial Massage Therapist, Core Energetics Psychotherapist, Presentation Coach, life coach and health promoter. Also, that he is not a medical practitioner and is not qualified to issue medical advice.
- Please list medications (if any) : _____

Participating Commitment and Held Harmless Clause

- I realize that my success depends on my own commitment to improving the situations that bring me here.
- I release and hold harmless, DR. GARY WOHLMAN, PhD (aka "Elijah") from any liability whatsoever regarding my sessions with him. I take full responsibility for any conclusions I draw from my sessions, or responses I have. I understand that these sessions are not **psychotherapy** – they are moreover a therapeutic alternative to create positive changes in my life.

Participating Statement

"I am willing to participate during my sessions as well as after my sessions. I understand that I am a full partner in my healing, and I am ready, willing and able to take responsibility for my life from this day forward."

Signed: _____

Date: / /20

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BODY THERAPY AGREEMENT ADDENDUM

If you are having body therapy sessions with me, the following form between the bold lines above and below needs to be filled out separately, and a copy brought and signed to me when you come to see me for the first time. A copy of this agreement can also be downloaded by visiting the “Healing Art” area of my website: www.garywohlman.com and clicking on the hyperlink named “Client Agreement”

HEALING TREATMENT/COACHING SESSION AGREEMENT

Welcome! It is important for both of us to establish clear parameters within which we work. Please completely fill out and executive this agreement – all of which will be kept in strictest confidence for your protection. Thank you for assisting us in being of greatest service to you.

Name: _____

Email: _____

Address: _____

_____ Post Code: _____

Home Ph: _____ Mobile Ph: _____

Date of Birth: / / Time of Birth: _____ Location of Birth: _____

Presenting Problem (s): _____

Desired Outcome(s): _____

Additional information to assist us in being of greatest service to you: _____

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PLEASE COMPLETE, SIGN, AND FAX TO _____

CREDIT/DEBIT CARD PROCESSING AUTHORIZATION FORM

DR. GARY WOHLMAN, PhD is hereby authorized to charge the following credit/debit card in the amount shown for services rendered or products purchased below. This authorization form is in effect for our entire relationship. Thank You!

Credit/Debit Card Information

Client Name: _____

Client Address: _____

Home Ph: _____

Name on card: _____

Credit Card #: _____

CID NUMBER: _____ Exp Date: MM/YY /

Amount \$: _____

Please check one:

☐ MasterCard ☐ Visa

Authorized Signature: _____ Date: / /20