

Consulting Disclaimer & Waiver

All coaching services and communication, email or otherwise, delivered by Peri Zarrella, (your "consultant"), as well as information set forth on this website (perinormal.org) are meant to help you identify the areas in your life and in your thinking that may be standing in your way. However, consulting is not professional mental health care or medical care. 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 counselor.

In that spirit, by purchasing services from your consultant, you confirm that you have read and agree to each statement and that you wish to proceed:

- I understand that the coaching services I will be receiving from my consultant are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my consultant is not acting as a mental health counselor or a medical professional.
- I understand that consulting is, at present, an unregulated industry and that my consultant is not licensed by the State of New York or any other state.
- I understand and agree that I am fully responsible for my well being during my consulting sessions, and subsequently, including my choices and decisions.
- I understand that consulting is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy.
- I understand that all comments and ideas offered by my consultant are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my consultant to assist me in achieving such goals.
- I understand that to the extent our work together involves career or business, my consultant is not promising outcomes included but not limited to increased profitability and or business success.
- I understand that my consultant will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement limited in this capacity. Furthermore, if my consultant is ordered by a court to provide information or to testify, she will do so to the extent the law requires.
- I understand that the use of technology is not always secure and I accept the risks of confidentiality in the use of email, text, phone, Skype and other technology.
- I hereby release, waive, acquit and forever discharge my consultant, any agents, successors, assigns, personal representatives, executors, heirs and employees 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 acts or omissions by myself or by my consultant as a result of the advice given by my consultant or otherwise resulting from the consulting relationship contemplated by this agreement. I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement. This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

Signature: _____

Date: _____

If under the age of 18:

Parent or Legal Guardian Signature: _____

Date: _____