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### CLIENT SERVICES AGREEMENT

1. IDENTIFICATION OF PARTIES. This agreement is between Sleep Pea, LLC, hereafter referred to as "Sleep Pea," and \_\_\_\_\_, hereafter referred to as "Client" for the purpose of providing sleep training for:  
\_\_\_\_\_(child) of age \_\_\_\_\_ months / years  
\_\_\_\_\_(child) of age \_\_\_\_\_ months / years  
\_\_\_\_\_(child) of age \_\_\_\_\_ months / years

2. RESPONSIBILITIES OF CONSULTANT AND CLIENT. Sleep Pea will perform the services called for under this agreement. Client will consult their pediatrician if there is any question that the child(ren) may have health issues that could be adversely affected by sleep training at this time. Sleep Pea assumes no liability for any deleterious effects on the child(ren)'s health; it is Client's responsibility to ascertain that no such health problems exist. By signing this agreement, Client assumes all risk and responsibility in this area of concern and releases, waives, and forever discharges Sleep Pea and any members, employees, or agents of such persons and/or entities, from any and all claims, demands, actions, and lawsuits resulting from the sleep training provided.

3. REPRESENTATIONS OF CLIENT. I/We represent and warrant that Client is the parent or legal guardian of the Child(ren) listed above and have legal authority to enter into this Agreement. I/We understand that Sleep Pea nor any of its members, managers, employees or agents are medical doctors. I/We have had an opportunity to discuss with my doctor the nature and purpose of sleep training for my child(ren) including the risks involved. I understand that results are not guaranteed.

4. SLEEP PEA FEES. The Sleep Pea fee is non-refundable and pre-paid. This fee covers the assessment, customized plan, consultation to learn the plan and implementation process, and the development of customized teaching materials as needed for older children. It also includes personal coaching during and after implementation of the plan customized for your child or children.

- In-Home Sleep Consult: \$575
- Remote Sleep Consult: \$475
- Half-Night Sleep Consult: \$925/night
- New Client Phone Consult: \$125/hour (all calls pro-rated after first hour)
- Former Client Phone Consult: \$80/hour (all calls pro-rated after first hour)
- Additional child in family: \$50
- Other: \_\_\_\_\_

5. SLEEP PEA SERVICES TO BE PROVIDED. I/We understand for the program fee Sleep Pea will conduct an assessment of our child(ren)'s current sleep habits and design a comprehensive program to help our child(ren) overcome sleep difficulties, learn to go to sleep alone, and to sleep through the night (to be defined according to the age of the child). Also included is coaching to teach us to successfully implement the custom-designed plan and to provide opportunity for fine-tuning the plan as needed. Once we receive the plan, the fee is non-refundable as considerable time has gone into creating a plan for our child. The success depends on us (the parents) implementing it properly with Sleep Pea's guidance.

6. CLIENT COMMITMENT TO SERVICES PROVIDED. I/We understand the necessity for us, the parents, to continue to use the plan and program firmly and consistently after the training is completed in order to ensure the success of the sleep-training program. We understand that our failure to do so will jeopardize the ongoing success of the program and our child(ren)'s ability to continue with the sleep habits instilled by the program.

7. DISCLOSURE: I understand that Sleep Pea may use and disclose the Client's personal information to help provide sleep training therapy to the child(ren), to handle billing and payment, and to take care of other Sleep Pea operations. In general there will be no other uses and disclosures of this information unless I/We permit it. I/We understand that in unusual situations the law may require the release of this information without my permission.

8. CLIENT ACKNOWLEDGEMENT: I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named exercises. I intend for this consent form to cover the entire course of sleep training for my child(ren) and for any future condition(s) for which I seek treatment. **I ACKNOWLEDGE THAT I HAVE RECEIVED A FULL COPY OF THIS AGREEMENT.**

Understood and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

The foregoing is agreed to by:

\_\_\_\_\_

Client

s/Morgan A. Griffith/

\_\_\_\_\_  
Sleep Pea, LLC

By: Morgan A. Griffith, Manager