



Sleep Consultant Letter of Agreement

Date: _____

Name: _____

Child's name: _____ DOB: _____

Mailing Address: _____

Email Address: _____

This letter confirms that you will retain Sleep Sisters as a Professional Sleep Consultant with our Simply Sleep package.

Scope of Services

This engagement includes: an initial one-hour consultation, 3 follow-up calls (15 minutes each), and 2 weeks of emails.

Conditions

- Consultations may be held by Melissa Zdrodowski or Debbie Sasson, depending on locale, scheduling, and availability.
- Sleep Sisters understands that our role will be that of a professional sleep consultant.
- During our consultation, Sleep Sisters will provide an overview of sleep basics and share any research relevant to your specific situation that might shed some light on what is happening.
- You may re-engage with Sleep Sisters to purchase any additional follow-up support as needed. Follow-on packages are subject to the same terms and conditions as this agreement.
- Results are entirely dependent on commitment from caregivers to follow consistently the plan outlined by Sleep Sisters. We cannot guarantee results, as many things impact sleep, including but not limited to illness, teething, sleep environment, visitors, traveling, inconsistent reinforcement, and growth spurts. But clients typically experience improvement within two weeks.

Fees & Payment Schedule

The fee for these services is \$439. You will receive a PayPal invoice from Sleep Sisters shortly. Payment in full is due upon signature of this letter of agreement. Once payment is received, we will schedule your consultation for a date and time as soon as practicable for both parties.

Term/Termination

This agreement will terminate two weeks after the date of your consultation. Any continuing support packages may be purchased separately and will be subject to the same terms and conditions explained in this contract.

Changes/Cancellations

Any changes made to this letter of agreement must be made in writing and signed by all parties. You may cancel this agreement, in writing, for any reason. If any services are canceled after payment has been made, refunds are limited to unearned fees, less a \$75 processing fee. If you cancel fewer than 5 days before your scheduled consultation – except for the death of a member of your immediate family – there will be no refund. If you need to reschedule, you must give notice at least 24 hours in advance. Every effort will be made to accommodate your request.

Acts of God

If an act of God, such as a fire, flood, earthquake, or other natural calamity shall cause you to cancel my services, Sleep Sisters will require payment only for the time actually spent sleep consulting.

Disclaimer, Acknowledgement, and Waiver of Liability

By entering into this agreement, you understand that your and your family's use of the services, programs, and classes offered by Sleep Sisters are voluntary, and that injuries, accidents, or other complications may result from participation. You acknowledge and agree that it is your responsibility to follow instructions for any service provided or purchase you make, and to seek help from Sleep Sisters if you have any questions.

Sleep Sisters expressly disclaims any and all warranties, whether statutory, express or implied. You knowingly and voluntarily agree, on behalf of yourself, your successors and your assigns, to waive and release Sleep Sisters, its employees and representatives from any and all claims of liability, loss, damage, injury, or other demands for compensation that you may acquire during your time working with Sleep Sisters.

The parties acknowledge and agree that the services that Sleep Sisters provide are not intended to replace or supplement the medical advice that you receive before, during, and after pregnancy, although our employees and representatives may have degrees and experience in the medical field. You agree that none of the advice that Sleep Sisters provides shall be considered medical advice nor should it be relied upon you as medical advice. You understand that you should always seek the advice of your medical practitioner and should consult with your personal physician or other health-care professional if you have any healthcare related questions or concerns generally, before embarking on a new sleep program, or if you are concerned about any risks to your baby's health or well-being that may result from your participation in Sleep Sisters services. If a medical problem appears or persists, do not disregard or delay seeking medical advice from your personal physician or other qualified healthcare provider.

If you agree to these terms and conditions, please sign one copy of this letter and return it to Sleep Sisters, along with your payment of the PayPal invoice in the amount of \$429.

Sincerely,

Sleep Consultant's signature: _____

Melissa Zdrodowski

Acknowledged and Agreed:

Client's signature _____

Print Name: _____

Date: _____