



Terms, Conditions and Assumption of Risk and Release of Liability R3

Please carefully review the following prior to engaging the services of Crescent Clearing, LLC (DBA Crescent Holistic Health). [Updated 03/18/2026]

Crescent Holistic Health – Terms & Conditions

By engaging in services with **Crescent Clearing, LLC (DBA Crescent Holistic Health)**, you agree to the following terms:

1. Scope of Services

Crescent Holistic Health provides **holistic health coaching and energy-based support services** focused on improving overall health, vitality, and well-being through:

- Lifestyle and nutritional guidance
- Education on natural health practices
- Energetic balancing modalities

These services are **educational and supportive in nature**.

Cynthia Fluck does not diagnose, treat, or cure medical conditions and is not a licensed medical provider.

2. Not Medical Advice

- Services provided are not a substitute for medical care
 - You are encouraged to consult a licensed healthcare provider for any medical concerns
 - Do not discontinue or modify prescribed treatments without consulting your licensed provider
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3. Client Responsibility

You agree that:

- All information you provide is accurate and complete
 - You are responsible for your own health decisions and actions
 - Any implementation of recommendations is done at your own discretion
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4. Information & Confidentiality

You may be asked to share personal information including health history, lifestyle, and symptoms.

- This information is used solely to support your services

- Your information will be kept confidential and not shared without your consent, except as required by law

5. No Diagnosis or Medical Conclusions

If patterns or concerns arise during your sessions:

- These are not diagnoses
- You will be encouraged to seek appropriate licensed medical care when necessary

6. Assumption of Risk & Liability Waiver

By participating in services, you acknowledge:

- You are voluntarily engaging in holistic services
- You accept full responsibility for your health and outcomes

You agree to release and hold harmless **Crescent Clearing, LLC and Cynthia Fluck** from any claims, damages, or liabilities arising from your participation, including injury or adverse outcomes.

7. Payment Policy

- All services must be paid in advance to secure your appointment
- Unpaid appointments may be canceled

8. Late Payments

- Services will be paused if payments are overdue
- Accounts more than 30 days overdue may be canceled
- Any unused sessions may be forfeited without refund

9. Cancellations, Rescheduling & Missed Appointments

- A **10-minute grace period** is allowed for scheduled sessions
- You may reschedule or cancel up to **24 business hours in advance** without penalty

If you cancel within 24 business hours or do not attend your session:

- You will be charged a penalty equal to **50% of the current session fee.**
- If the missed session was individually scheduled and not part of a program, **100% of the paid session cost is subject to forfeiture.**

10. Credits & Expiration

- Individual sessions and standard packages: valid for **12 months (365 days) from date of purchase**

Unused sessions beyond expiration are **non-refundable and void**

11. Credit Transfers

- Session credits may be transferred within your household upon written request
- The recipient must complete required intake prior to services

12. Inactive Clients

Clients inactive for more than **6 months** may be required to complete a new intake before resuming services.

13. Pricing

- Prices are subject to change at any time
- Previously purchased services will be honored at the original rate until expiration

14. Right to Refuse Service

Crescent Holistic Health reserves the right to refuse or discontinue services at any time.

- Inappropriate behavior, language, or conduct will result in immediate termination without refund

15. Acknowledgment

By purchasing or participating in services, you acknowledge:

- You have read and understand these terms
- You accept full responsibility for your health decisions
- You voluntarily agree to all conditions outlined above

Client Signature

I HAVE CAREFULLY READ THIS AGREEMENT AND AGREE TO THE TERMS OUTLINED ABOVE. I UNDERSTAND THIS AGREEMENT TO BE A FULL AND FINAL RELEASE OF ALL COSTS, CLAIMS, CAUSES OF ACTION AND DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH THE **HOLISTIC HEALTH SERVICES OF CRESCENT CLEARING, LLC (DBA CRESCENT HOLISTIC HEALTH)**.

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Print name:

Date: