Climb Crux

MONTHLY ROCK CLIMBING MEMBERSHIP FORM

Membership Details:
Membership Plan: Monthly Membership (4 Sessions)
Membership Fee: PKR 8,000 / Month
Membership Start Date: ____ / ____ / _____

MEMBER INFORMATION

Full Name: _____
Date of Birth: ____ / ____ / _____
Gender: ☐ Male ☐ Female
CNIC: _____
Phone Number:_____
Email Address: _____
City: _____

EMERGENCY CONTACT

Contact Name: _____
Relationship: _____
Phone Number: _____

CLIMBING EXPERIENCE

How would you describe your climbing experience?
☐ Beginner
☐ Intermediate
☐ Advanced
Have you climbed outdoors before?
☐ Yes
☐ No

MEDICAL INFORMATION

Please mention any medical conditions, allergies, injuries or other information that our instructors should be aware of.

PREFERRED CLIMBING DAYS

☐ Saturday
☐ Sunday

PAYMENT INFORMATION

Payment Method
☐ Bank Transfer
Bank: Bank Al Habib Limited
Account Name: CLIMB CRUX
IBAN: PK93 BAHL 5742 0081 0003 9501
Member Account Name:_____
☐ Easypaisa
Account Name: Saif Ud Din
Account Number: 0313 2690377
Member Account Name:_____

MEMBERSHIP TERMS & CONDITIONS

Please read and tick each box.

☐ I understand that this membership includes four (4) guided climbing sessions per month.
☐ I understand that unused sessions cannot be carried forward to the next month (unless cancelled or postponed by the Climb Crux).
☐ I understand that this membership is non-transferable.
☐ I agree to follow all instructions given by Climb Crux instructors and staff.
☐ I understand that rock climbing involves inherent risks, including the risk of injury. I voluntarily choose to participate, accept these risks and agree not to hold Climb Crux, its instructors, staff or volunteers responsible for any injury or loss resulting from my participation.
☐ I confirm that I am physically fit to participate or have informed Climb Crux of any medical conditions.
☐ I have read, understood and agree to the Climb Crux Liability Waiver and Terms & Conditions.

MEMBER DECLARATION

I confirm that the information provided in this form is true and accurate to the best of my knowledge. I agree to comply with all Climb Crux rules, safety procedures and membership policies.

Member Name: _____

Member Signature: _____

Date: ____ / ____ / _____

A copy of the participant's CNIC must be attached to this form. For participants under 18 years of age, a copy of the B-Form along with a copy of the parent or legal guardian's CNIC must be attached.

Office No. 04, Block C, Main Commercial,
Allama Iqbal Business Center, CBR, Islamabad
+92-(313)-2690377
climbcruxpakistan@gmail.com

FOR OFFICE USE ONLY

Membership ID: _____

Payment Status

☐ Paid

☐ Pending

☐ Failed

Membership Status

☐ Active

☐ Pending

☐ Expired

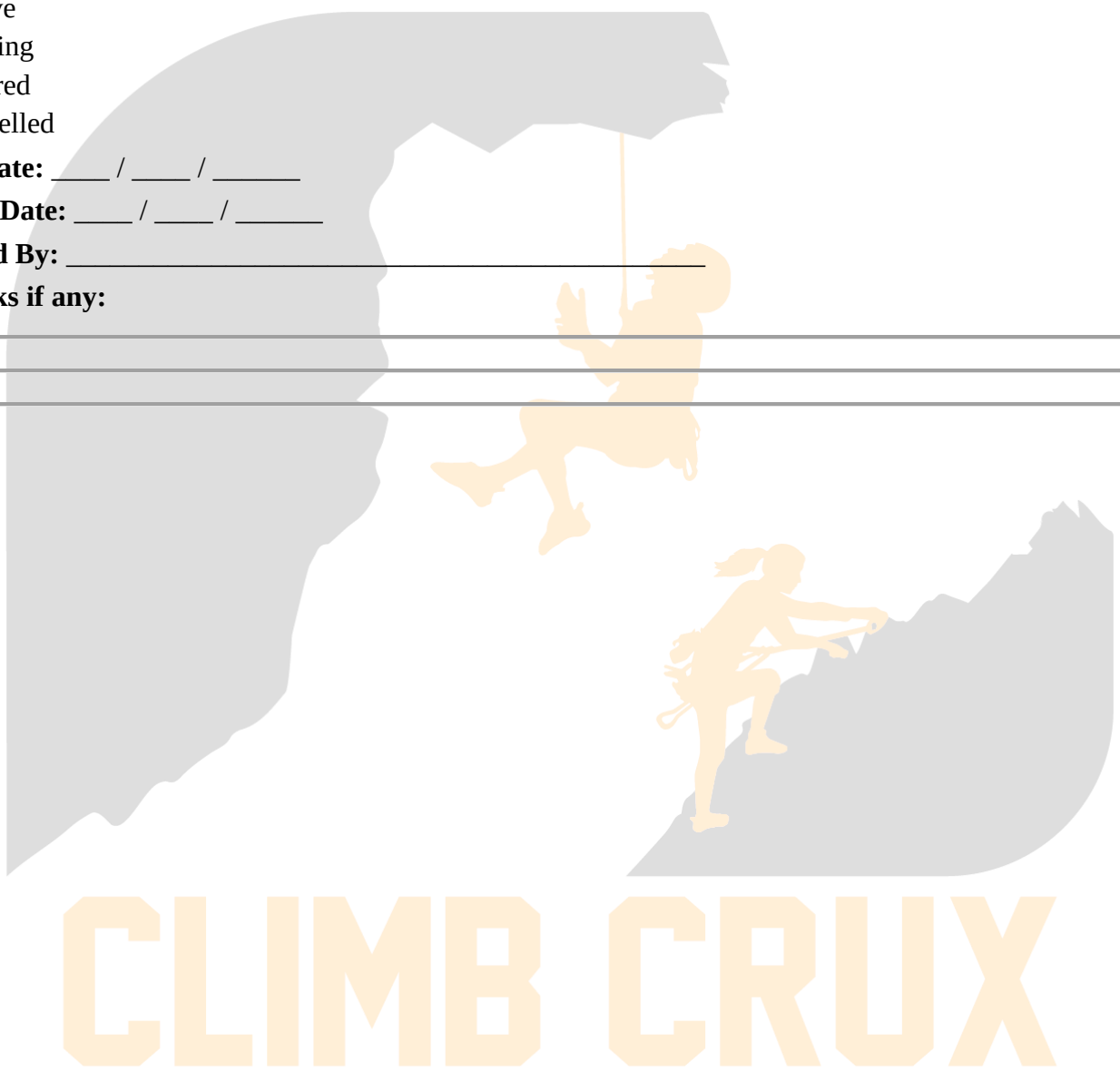
☐ Cancelled

Start Date: ____ / ____ / _____

Expiry Date: ____ / ____ / _____

Verified By: _____

Remarks if any:



Office No. 04, Block C, Main Commercial,
Allama Iqbal Business Center, CBR, Islamabad

+92-(313)-2690377

climbcruxpakistan@gmail.com