

# SAFE CLIMBING INITIATIVE (SCI)

c/o Vivek Marathe, 35, Narayan Peth, behind Police Chowky, Pune 411 030.  
Ph. : 020-32931082, 020-24488669

## MEMBERSHIP FORM

Member ID :

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Affix passport  
size colored  
photograph

Please fill the form **CAPITAL LETTERS** only

1. Name: 

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(Surname) (Name)  

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(Middle Name)

2. Age: 

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      3. Birth Date: (dd/mm/yyyy) 

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4. Contact Number : R-

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5. Address : 


6. Email : 

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7. Occupation : \_\_\_\_\_ 8. Blood Group : \_\_\_\_\_

9. Emergency Contact Person / Number : \_\_\_\_\_

10. Physician Name / Contact Number : \_\_\_\_\_

11. Past Medical History / Major Operation : \_\_\_\_\_

12. Reference Of SCI Member : \_\_\_\_\_

13. Previous Mountaineering / Rock Climbing / Trekking Experience : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERS AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In the consideration of the services of SAFE CLIMBING INITIATIVE (SCI), their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacities on their behalf (hereinafter collectively referred to as (SCI)), I hereby agree to release, indemnify, and discharge "(SCI)", on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that rock climbing entails known and unanticipated risk that could result in physical and emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risk can not be eliminated without jeopardizing essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risk existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risk.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless "(SCI)" from any and all claims, demands, or cause of action, which are in any way connected with my participation in this activity or my use of "(SCI)" equipment or facilities, including any such claims which allege negligent acts or omission of "(SCI)".
4. Should "(SCI)" or anyone acting on my behalf, be required to incur attorney's fees and costs of enforce this agreement; I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by court of law to have waived my right to maintain a lawsuit against "(SCI)" on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Name : \_\_\_\_\_ Signature of Participant  
 Address : \_\_\_\_\_  
 Phone : \_\_\_\_\_ Date : \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

(Must be completed for participants under the age of 18.)

In consideration of \_\_\_\_\_ (print minor's name)  
 ("Minor") being permitted by "(SCI)" to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless "(SCI)" from any and all claims which are brought by, or on behalf of Minor, and which are in any.

Date : \_\_\_\_\_ Name : \_\_\_\_\_  
 Parent or Guardian sign.