

Upper Limits Freeze Request

Please submit your request along with any necessary documentation in person or via email to your home gym (where you climb most often).

Downtown - Downtown@upperlimits.com
Maryland Heights - MarylandHeights@upperlimits.com
Chesterfield - Chesterfield@upperlimits.com
Bloomington - Bloomington@upperlimits.com

All members pay a non-refundable \$8/month freeze fee.

Monthly Members

- Your account must be current
- Please allow two weeks for your freeze request to be processed
- You may freeze your account under the following circumstances: physical disability or illness, temporary relocation or extended travel, military deployment
- An account can be frozen for a minimum of one month, maximum of 3 months, and no more than one freeze in a 12 month period.
- An account can be frozen in monthly increments on the first of the month only, not weekly increments.
- Your billing will be suspended for the monthly duration of your freeze. Billing will automatically resume after the end of the frozen month.
- If you wish to resume your membership before the end of the freeze period, you may visit the front desk and pay a prorated monthly membership fee for the remaining days in the freeze period.

Paid in Full Members

- Please allow two weeks for the freeze request to be processed.
- You may freeze your account for any reason and on any day of the month.
- The freeze duration will be added on to the end of your original membership term.

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

To avoid any delays in processing your request, it is extremely important that all of the required information is provided. Reason for freeze:

Months of Freeze: _____ to _____

I, the undersigned, have read and understand the freeze policies.

Member Signature: _____ Date: _____

Received by (employee): _____ Date: _____