

**Wear comfortable clothing that allows movement! No jeans or overalls with buttons, snaps or zippers! Please pull long hair back off your face and in a pony tail!**

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**RSVP By:**

**Where:** Peak Gymnastics  
45224 284th Ave SE  
Enumclaw, WA 98022

\_\_\_\_\_  
**Time:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**For:**

*The gym is easy to find!*  
Peak Gymnastics is located at the  
Enumclaw Expo Center  
(formerly the King County Fairgrounds)

**From Maple Valley/Renton:**  
Take SR-169/Maple Valley-Black Diamond Rd towards Enumclaw, Left on SR-164/Griffin Ave, Left on SR-410/Roosevelt Ave, Right on 284th

**From Federal Way/Auburn:**  
Take I-5 to Hwy 18 towards Auburn, Exit on Auburn Way S/WA-164. Left on Auburn Way S/WA-164 towards Enumclaw. Left on Roosevelt Ave/SR-410. Right on 284th

**From Tacoma/Puyallup:**  
Take SR-410 East towards Enumclaw/Crystal Mountain. Right on Warner Ave/SE 456th St. Left on 284th

We are located in the Activity Building at Gate 4

**PEAK**  
**GYMNASTICS**  
360.825.PEAK  
www.peakgymnastics.com



\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Participants Name

Assumption of Risks/Exculpatory Clause: For and in the consideration of the opportunity to participate in the birthday party at Peak Gymnastics, I, as evidenced by my signature below, do hereby hold harmless, release and waive all claims I may have against Peak Gymnastics, its officers, employees, agents or contracted instructors and any other person(s) involved in this activity for the any and all injuries, losses or damages suffered by as a result of my participation in this activity. I accept full responsibility for the cost of treatment for any injury, losses or damages suffered while taking part in this activity or as a result of taking part in this activity. And furthermore, if I have any physical ailments or condition which might affect my health by participating in the activity, I have consulted my personal physician or other medical authority and received permission to participate.

