

CLAIM FORM

You have been identified as having worked at a Sky Zone Trampoline Park in Elmhurst, Aurora, or Joliet, Illinois during the relevant time in this Lawsuit. You are eligible for compensation in this Settlement if you scanned a fingerprint at one of the Sky Zone locations above at any time between April 29, 2014—April 23, 2024.

If you scanned a fingerprint during that period, please complete this Claim Form and return by mail or email to the address below. You may also find and submit this Claim Form online at www.skyBIPAsettlement.com.

Return By Mail To: **Sky Zone BIPA Settlement**
c/o Atticus Administration, LLC
PO Box 64053
St. Paul, MN 55164

Return By Email To: skyBIPAsettlement@atticusadmin.com

The deadline to return this form is July 29, 2024. Your Claim Form will be timely if it is postmarked or electronically submitted on or before this date.

<i>I hereby request my portion of the Settlement.</i>
Contact Information
Name: _____ Address: _____ _____ Phone number or email address: _____
Certification and Signature
I certify that, on at least one occasion between April 29, 2014, and April 23, 2024, I scanned a fingerprint at a Sky Zone Trampoline Park in Elmhurst, Aurora, or Joliet, Illinois. I certify that the information provided in the Claim Form is true and accurate to the best of my knowledge. Signature: _____ Date: _____

If you do not submit a Claim Form by the deadline, you will not receive the Settlement payment.