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LEAH ANDERSON, ANTHONY FERREIRA, and :
KAYLENE SMITH, Individually and on :
Behalf of All Others Similarly Situated, :
:
Plaintiffs, :
:
v. :
:
ADCS CLINICS, LLC, :
:
:
Defendant. :
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CONSENT TO JOIN AND RELEASE FORM

I. CONSENT TO JOIN

I hereby consent to join and opt-in to become a claimant for settlement purposes in the above-captioned lawsuit (the “Litigation”) against ADCS, Clinics, LLC (“ADCS”), and to be bound by the settlement approved in the Litigation. I further agree that the Named Plaintiffs in the Litigation shall act as my agent and make all decisions on my behalf concerning the Litigation, including the settlement thereof. I also agree to be bound by the collective action settlement described in the accompanying Notice. I hereby designate the law firm Shavitz Law Group, P.A. to represent me in the Litigation.

II. RELEASE

In exchange for the consideration described in the Notice of Settlement of Collective Action Lawsuit and approved by the Court in this matter, I, by my signature below, fully and completely release ADCS and all of its past, present, and future parents, predecessors, successors, joint venturers, subsidiaries, and affiliated entities, and its and their owners and shareholders, all of their officers, directors, employees, lawyers, insurers, agents and representatives, and each of their successors and assigns (collectively, the “Released Parties”) from all Released State Law Claims and Released Federal Law Claims, as those terms are defined in the Joint Stipulation of Collective Action Settlement and Release and Exhibit 1 to the Notice of Settlement of Collective Action Lawsuit, that arose during my employment as an overtime wage exempt-classified Location Manager.

Full Legal Name (print)

Signature

Maiden or Other Names Worked Under

Street Address*

E-mail Address*

City, State and Zip Code*

Cell phone*

Home Telephone Number*

*This information will be redacted and will not be filed in the public record. This information will be used solely for Plaintiffs' Counsel and the Settlement Claims Administrator to communicate with you.