

GLOBAL FITNESS HOLDINGS, LLC d/b/a URBAN ACTIVE FITNESS

SETTLEMENT CLAIM FORM

You must complete, sign, and mail this Claim Form in order to receive compensation according to this settlement. You may also submit a Claim Form online at www.UrbanActiveLawsuit.com .	All Claim Forms must be postmarked by <u>December 30, 2013</u>, or completed online no later than 11:59 P.M. EST on <u>December 30, 2013</u>.	<u>Mail to:</u> Urban Active Settlement c/o Dahl Administration P.O. Box 3614 Minneapolis, MN 55403-0614
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Claimant Information

Name (First, Middle, Last): _____

Your Current Mailing Address: _____

Telephone Number: (work) _____ (home/cell) _____

E-Mail: _____

If you signed your contract(s) using a previous name or mailing address, please provide that information:

Previous Name (First, Middle, Last): _____

Previous Mailing Address: _____

I am a member of the following Class/Subclasses (Please mark all that apply).

CLASS/SUBCLASS MEMBER	CLAIM AWARD*	DEFINITION/REQUIREMENTS
<input type="checkbox"/>	\$5.00	Signed a gym membership contract or personal training contract with Urban Active on or between January 1, 2006, and October 26, 2012
<input type="checkbox"/>	\$20.00	Paid a \$15 Facility Improvement Fee, Club Administrative Fee, or any other biannual \$15 fee to Urban Active on or between April 1, 2009 and October 26, 2012.
<input type="checkbox"/>	\$20.00	Cancelled a gym membership contract with Urban Active on or between January 1, 2006 and October 26, 2012.
<input type="checkbox"/>	\$30.00	Cancelled a personal training contract with Urban Active on or between January 1, 2006 and October 26, 2012.

*Claim awards are cumulative, meaning you shall recover the Claim Award for each category in which you qualify. You can only qualify once under each category.

VERIFICATION

By signing and submitting this Claim Form to the Claims Administrator, I acknowledge I want to participate in the Settlement and receive a Claim Award (monetary compensation) as described in the accompanying Notice. I understand that by submitting this Claim Form I am waiving certain legal rights as explained in the accompanying Notice. I agree to cooperate with the Claims Administrator if further inquiry is made of me. I declare under penalty of perjury of the laws of the United States of America that the foregoing is true.

Executed on _____ [enter date]. 28 U.S.C. 1746

Sign your name here

Print your name here