

CLAIM FORM AND RELEASE - INSTRUCTIONS

IN ORDER TO PARTICIPATE IN THIS SETTLEMENT YOU MUST DO ALL OF THE FOLLOWING:

1. Completely fill out and sign the enclosed Claim Form and Release; AND
2. Completely fill out and sign the W-4 Form (enclosed); AND
3. Provide a copy of one form of a valid government or school issued picture identification, such as a copy of your passport, driver's license, or school id; AND
4. You must submit all three of the above items to Plaintiff's Counsel (see contact information below) by email, fax, or mail no later than **December 26, 2018**.

PLAINTIFF'S COUNSEL - CONTACT INFORMATION

VIRGINIA & AMBINDER, LLP
40 Broad Street 7th Floor New York, New York 10004
Email: Sharpclaim@vandallp.com
Tel: 212.943.9080
Fax: 212.943.9082

DEADLINE

The deadline to participate in this action is **December 26, 2018** as evidenced by the postmark date (if sent by regular mail) or the email/fax submission date. Failure to submit the Claim Form and Release, W-4 Form, and picture ID by the deadline may prevent you from recovering any money from this settlement.

QUESTIONS

If you have any questions about completing or submitting the Claim Form, W-4 Form, or picture ID, please contact Class Counsel Virginia & Ambinder, LLP, 40 Broad Street, 7th Floor, New York, New York, 10004, (212) 943-9080, www.vandallp.com, or Leeds Brown Law, P.C., One Old Country Road, Suite 347, Carle Place, New York 11514, (800) 585-4658, www.leedsbrownlaw.com. Do not call the Court with questions about this settlement.

PLEASE COMPLETE THE FOLLOWING:

In order to receive a payment from the Settlement, you must complete all of the information below and return: (1) this form; (2) one form of valid government or school issued picture identification; and (3) the completed Form W-4 to Plaintiff's Counsel no later than **December 26, 2018**.

Name (first, middle and last): _____

Email Address: _____ @ _____ . _____

Home Street Address: _____

City, State, Zip Code: _____

Home Telephone Number: (____) _____

***To the best of your recollection, the number of unpaid Internships you performed for Sharp Entertainment, LLC _____**

REPRESENTATIONS AND WARRANTIES.

By signing this Claim Form and Release, you represent and warrant that:

You have not filed, or taken any action, directly or indirectly, to commence, prosecute, pursue or participate, individually or on a class or collective action basis, any action, claim or proceeding against Sharp Entertainment, LLC (or any of its parents, subsidiaries, affiliates, successors or assigns or labels) ("Defendants"), in any forum in which any of the claims released by this Agreement may be asserted, or which in any way would prevent any such claims from being extinguished; and

You have not assigned or transferred, or purported to assign or transfer, to any person or entity, any claim or any portion thereof or interest therein that you may assert against any of the Defendants, including, but not limited to, any interest in these litigations, or any related action.

CONSENT TO JOIN AND RELEASE OF CLAIMS/INDEMNIFICATION.

By signing and returning this form, I, hereby opt into this settlement and authorize Virginia & Ambinder, LLP and Leeds Brown Law, P.C. (“Class Counsel”) to act on my behalf in all matters relating to this action, including the settlement of my claims. I agree to waive and release any claims under the New York State law that I have or may have based on the allegation that Sharp Entertainment, LLC and its affiliates, parent companies, subsidiaries, successors, assigns, shareholders, officers, directors, agents, insurers, reinsurers, attorneys and employees (“Sharp”) failed to compensate me for the time I spent in my unpaid internship with Sharp in New York State. I understand that my signature and submission of this form gives up my right to assert any claim for wages, benefits and other compensation arising out of or relating to my participation in Sharp’s internship programs as an Intern through September 21, 2018. The specific claims released, detailed fully in the Settlement Agreement include, but are not limited to, claims for back pay, liquidated damages, penalties, interest, costs, and attorneys’ fees.

I understand my share of the proposed settlement is based on the number of internships I performed. I am entitled to one payment for each traditional academic semester (i.e., Spring, Summer or Fall semester) I interned. Each Class Member’s share of the proposed settlement is \$750.00 for each Class Member who is determined by Sharp to have been an unpaid intern, less applicable federal and state payroll tax withholdings. Half of the payment I will receive as a Participating Claimant will be treated as wages subject to deductions for applicable federal and state taxes and withholdings, and for which I will receive a W-2; the other half will be treated as non-wage income and reported on a Form 1099. By signing and returning this form, I agree to indemnify and hold Sharp harmless for any taxes, penalties, liquidated damages, interest or other amounts due or owing by me on the portion of your payment reported as non-wage income.

Date: _____

(Sign your name here)