

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES**

ARMANDO ARMENDAREZ, et al.,  vs.  SIX FLAGS THEME PARKS, INC.	) ) ) ) )	CASE NO. BC 252 430 CLASS ACTION  PROOF OF CLAIM AND RELEASE
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**CLAIMANT INFORMATION -- PLEASE COMPLETE ALL SECTIONS**

<b>NAME:</b>	First Name	MI			
	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>		
	Last Name			Suffix (e.g. Jr, Sr, III)	
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<b>SOCIAL SECURITY #:</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>DATE OF BIRTH:</b>	Month	Day	Year
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<b>ADDRESS:</b>	Street				Unit/Apt/Suite#
	<input style="width: 100%; height: 20px;" type="text"/>				<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	City			State	Zip Code
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	Country (only if outside the United States)				
	<input style="width: 100%; height: 20px;" type="text"/>				
<b>TELEPHONE:</b>	( <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> )		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<b>ID #:</b>
(above your name on mailing label, if this form was mailed to you)					

**INSTRUCTIONS**

1. Please read both pages of this form carefully. It is important that you follow all instructions and meet all deadlines and requirements, or your claim could be delayed or denied.
2. **IN ORDER TO MAKE A CLAIM, YOU MUST MAIL A COMPLETED PROOF OF CLAIM AND RELEASE TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS LISTED BELOW. YOUR CLAIM MUST BE POSTMARKED BY SEPTEMBER 4, 2004.**  
 Send Claim to: Magic Mountain Claims Administrator  
 c/o Desmond, Marcello & Amster  
 P.O. Box 451999  
 Los Angeles, CA 90045  
[www.dmaaction.com](http://www.dmaaction.com)
3. A separate proof of claim and release must be submitted for each class member who wants to make a claim. A class member who wants to make more than one claim based on more than one incident must submit a separate proof of claim and release for each claim.
4. To ensure that your claim is considered:  
 Please make sure that all sections of this form are fully completed.  
 Please make sure that you signed the Proof of Claim and Release.  
 If you move, you need to send the Claims Administrator your new address.  
 If you desire an acknowledgment of receipt of your claim form, please send it certified mail, return receipt requested.
5. In this Proof of Claim and Release, the term "Magic Mountain" includes the Magic Mountain amusement park and the Hurricane Harbor water park.

THIS FORM MAY BE COPIED, AND ADDITIONAL COPIES MAY BE OBTAINED FROM  
THE CLAIMS ADMINISTRATOR AT THE ADDRESS OR WEB-SITE LISTED ABOVE.

PLEASE PRINT IN BLACK OR BLUE INK ONLY



**BASIS FOR CLAIM (PLEASE CHECK ALL THAT APPLY)**

***SUBCLASS I: I visited or sought to visit Magic Mountain on the date below and while at Magic Mountain I was (please check all that apply):***

- stopped by an employee of Magic Mountain and asked to answer questions or consent to a search of my person, property or vehicle; or
- denied admission to Magic Mountain; or
- ejected from Magic Mountain; or
- arrested at Magic Mountain; or
- touched without consent by an employee of Magic Mountain; or
- subjected to any other action alleged to be wrongful;

Date of my visit to Magic Mountain:   
 

Month

 /   
 

Day

 /   
 

Year

Brief description of the facts supporting my claim: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***SUBCLASS II: I accompanied to Magic Mountain a person described in Subclass I or was otherwise harmed by the unlawful actions taken against a person described in Subclass I.***

Name(s) of the Subclass I member:

1.   
 

First Name

Last Name

2.   
 

First Name

Last Name

Date of the Subclass I member's visit to Magic Mountain:   
 

Month

 /   
 

Day

 /   
 

Year

Brief description of the facts supporting my claim: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENT OF RELEASE OF CLAIMS**

I submit to the jurisdiction of the Los Angeles County Superior Court with respect to my claim as a Settlement Class member and for purposes of enforcing the release described in the Settlement Agreement and herein. I acknowledge that I am bound by and subject to the terms of any judgment that may be entered in this action. **By submitting this Proof of Claim and Release, I recognize that I am releasing any and all claims against the Defendant and other parties arising out of the incident giving rise to my claim, and any similar incidents governed by the settlement, and I acknowledge that the scope of this release is defined by Section 6 the Settlement Agreement, which is described in the Notice of Proposed Settlement of Class Action and more fully in the Settlement Agreement itself.** I recognize that I am able to obtain that written Settlement Agreement in order to ensure that I fully understand the scope of this release. By signing this Proof of Claim and Release, I acknowledge that I have no questions about the scope of release and that I knowingly release my claims against Defendant. I agree to furnish additional information to the Claims Administrator to support my claim if requested to do so.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

DATE:   
 

Month

 /   
 

Day

 /   
 

Year

 SIGNATURE: \_\_\_\_\_

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