

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

Court-imposed deadline for filing is **January 26, 2023**.

**CONSENT TO JOIN WAGE CLAIM AGAINST BONES CABARET AND
SKIN CABARET**

Re: *Washington v. Freedom of Expression, LLC d/b/a Bones Cabaret, et. al.*

Print Name: _____

1. I consent, agree, and opt-in to the lawsuit filed against Bones Cabaret and Skin Cabaret, to pursue my claims of unpaid overtime and/or minimum wage during my employment with the company.
2. To the best of my knowledge, I meet the following criteria: I worked for Bones Cabaret or Skin Cabaret as a dancer as some point between July 29, 2018 and the present.
3. I understand that this lawsuit is brought under the Fair Labor Standards Act, and consent to be bound by the Court's decision.
4. I designate the law firm and attorneys at Hodges & Foty, L.L.P. as my attorneys to prosecute my wage claims.
5. I consent to having the Representative Plaintiff in the complaint against Bones Cabaret and Skin Cabaret make all decisions regarding the litigation, the method and manner of conducting this litigation, the terms of any potential settlement of this litigation, releasing of claims, the entering of an agreement with Plaintiffs' Counsel regarding attorneys' fees and costs, and all other matters pertaining to this lawsuit.
6. If needed, I authorize the dancers' lawyers to use this consent to re-file my claim in a separate lawsuit or arbitration against the Defendants.

Signature: _____ Date Signed: _____

You may sign this form electronically by going to this website: **www.ScottsdaleDancerLawsuit.com**

If you sign the paper version of the form, you should return your signed form to:

Washington v. Freedom of Expression, LLC d/b/a Bones Cabaret, et. al.
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781

Information below this line will not be filed with the court.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Location(s) Worked: _____

Position: _____

Stage Name(s): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____