

HOLYOKE SOLDIERS' HOME CLASS ACTION SETTLEMENT
GENERAL RELEASE

SETTLEMENT CLASS MEMBER'S GENERAL RELEASE OF CLAIMS
YOU MUST READ THE RELEASE AND CERTIFICATION BELOW AND SIGN

I hereby acknowledge that, pursuant to the terms set forth in the Class Settlement Agreement for the case captioned as Sniadach et al. v. Walsh et al., 20-CV-30115-MGM, without further action by anyone, upon the Settlement Effective Date, I, on behalf of myself and my current or former heirs, family members, legal representatives, executors, administrators, predecessors, successors, assigns, and/or transferees in their capacities as such, shall be deemed to have, and by operation of law and of the Agreement shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every debt, demand, action, cause of action, suit, account, covenant, contract, agreement, damage, judgement, execution, order, and each and every claim, cross-claim, third-party claim, demand, and liabilities whatsoever of any name and nature, whether in law, in equity, or otherwise, which I ever had, now have, or which I will have, known and unknown, including without limitation future claims or actual or alleged injuries, against Bennett Walsh, David Clinton, Vanessa Lauziere, Celeste Surreira, Francisco Ureña, Marylou Sudders, the Commonwealth of Massachusetts, including without limitation any state agency as defined in Section 1 of Chapter 29 of the General Laws and all of its current or former affiliates, officers, officials, directors, employees, agents, indemnities, attorneys, and insurers (the "Commonwealth Released Parties") and the Claims Administrator, and shall forever be barred and enjoined from bringing any action asserting any claim arising out of the spread of COVID-19 at the Holyoke Soldiers' Home that occurred at any time prior to the execution of this Release against any and all of the Commonwealth Released Parties, and any claim arising out of this Settlement as against the Claims Administrator and any persons or entities, including Affiliated Monitors, that assist him.

CERTIFICATION

By signing and submitting this Release, the Claimant or the person(s) who represent(s) the Settlement Class Member agree(s) to the release above and certifies (certify) as follows that:

1. I have read and understand the contents and terms of the Agreement, Notice, Claim Form, and this Release, including the releases provided for in the Agreement and the terms of the Process for Distribution of Allocated Amounts and Attorneys Fees;
2. the Settlement Class Member qualifies as a Settlement Class Member under the Agreement, and is not excluded by definition from the Class as set forth in the Notice;

Please return by either (1) mailing the Claim Form to Donald K. Stern, Claims Administrator, P.O. Box 961987 Boston, MA 02196, or (2) scanning a legible copy of this form and emailing it to HSHClaims@affiliatedmonitors.com or faxing it to (617) 830-0563.

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3. the Settlement Class Member has not submitted an opt out request to request exclusion from the Class;
4. the Settlement Class Member submits to the jurisdiction of the Court with respect to Settlement Class Member's claim and for purposes of enforcing the releases set forth herein; and
5. I have had an adequate opportunity to consult with counsel of my own choosing about the Settlement Class Member's rights, obligations as a result of participating in the Settlement, and the releases set forth herein, and provide this Release knowingly, freely, willingly, and voluntarily with the intent of relinquishing all claims as state herein.
6. I understand that if, for any reason, the Settlement is not approved by the Court, that the above-captioned lawsuit will proceed and that I will be entitled to participate in that lawsuit if I so choose.

 Signature of Settlement Class Member

Date

 Print Settlement Class Member's name here

If the person signing this Release is not the Settlement Class Member, then legal documentation of the person's authority to act on behalf of the Settlement Class Member or the Settlement Class Member's Estate must be provided to the Claims Administrator with this Form.

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