

Your claim form must be
submitted online or
postmarked by:
December 22, 2026
(If you received Notice by
Second Email Attempt, 60
days after receiving it).

Superior Court of California
County of Los Angeles

Isayan v. Cedar Fair, L.P.,
Case No. 24STCV16212

CFI

Claim Form

**SIX FLAGS SETTLEMENT
CLAIM FORM FOR CASH BENEFIT**

INSTRUCTIONS

This class action alleges that Defendants Cedar Fair, L.P., Cedar Fair Management, Inc., and Six Flags Entertainment Corporation (“Six Flags”) violated California law by charging processing fees on purchases of non-season tickets to Knott’s Berry Farm and/or Knott’s Soak City through www.knotts.com or to California’s Great America through www.cagreatamerica.com. Six Flags denies the allegations.

You are a Settlement Class Member if you purchased at least one non-season ticket to Knott’s Berry Farm and/or Knott’s Soak City through www.knotts.com or to California’s Great America through www.cagreatamerica.com from June 28, 2020, to July 1, 2024, and entered a California billing address during the online checkout process.

If you wish to receive your \$8.00 Settlement Benefit in the form of cash (“Cash Benefit”) rather than credit, you must submit a valid Claim no later than December 22, 2026. (If you received Notice by a Second Email Attempt, you have 60 days from the date you received the Second Email Attempt.) If you wish to receive your Settlement Benefit in the form of credit (“Credit Benefit”), then you do not have to do anything—you will automatically receive the Credit Benefit so long as you are a Settlement Class Member and do not exclude yourself from the settlement.

Cash Benefits will be made via electronic payment or a mailed check. Please ensure you provide a current and valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate updated contact information to the Administrator to receive a payment.

The information provided on this Claim Form will be used solely by the Court-approved Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

SUBMITTING YOUR CLAIM FORM

Claim Forms may be submitted online at www.KnottsGreatAmericaSettlement.com by **December 22, 2026**, or completed and mailed **postmarked by no later than December 22, 2026** (if you received Notice by a Second Email Attempt, you have 60 days from the date you received the Second Email Attempt to submit the Claim Form online or to mail it) to:

Isayan v. Cedar Fair, L.P.,
c/o Settlement Administrator
1650 Arch St. Suite 2210
Philadelphia, PA 19103

If you have any questions, please contact the Administrator by email at Info@KnottsGreatAmericaSettlement.com, by phone at **1-888-885-4303**, or by mail at the address listed above.

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS (* REQUIRED)

First Name*

Last Name*

Street Address*

City*

State*

Zip Code*

Email Address*

Telephone Number*

Notice ID (if known)

Please ensure you provide a current and valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide the Administrator with a current and valid mailing address, email address, and mobile phone number for payment. The current address you provide here does not need to be the same address you used for your purchase(s) from Six Flags' website. If you believe you are a member of the Settlement Class but did not receive a Notice ID, please contact the Administrator. You will not be able to submit this form without it.

II. PAYMENT SELECTION

Please select **one** of the following payment options:

- ☐ **Virtual Prepaid Card:** Enter an email address to receive the Virtual Prepaid Card: _____
- ☐ **PayPal:** Enter your PayPal email address: _____
- ☐ **Venmo:** Enter the mobile number associated with your account: _____
- ☐ **Zelle:** Enter the email address or mobile number associated with your account: _____
- ☐ **Physical Check:** Payment will be mailed to the address provided above.

III. CERTIFICATION

By signing this Claim submission, I certify, under penalty of perjury under the laws of the United States and the State of California, that the information included with this Claim submission is true, accurate, and complete to the best of my knowledge, information, and belief. I agree to furnish additional information regarding this Claim if so requested to do so by the Administrator. **By signing below, I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply) regarding this Claim.**

Signature

Printed Name

Date