

Acknowledgement of Receipt Of QM Corporation's / Interval Management's Workplace Safety Program

This is to acknowledge that I have received a copy of the 2018 QM Corporation/Interval Management Inc. (herein referred to as "the Company") Workplace Safety Program Handbook. By my signature below, I acknowledge and agree to read and adhere to the safety ruled, policies and requirements of the Company's Workplace Safety Program. I understand that this Handbook contains important information on the general safety policies of the Company and on my responsibilities as an employee.

The Company may change, rescind or add to any section of the Safety Program from time to time in its sole and absolute discretion for the protection of the employees and customers of the Company, with or without prior notice. This Handbook supersedes any and all previous safety manuals or Handbooks.

Date

Employee's Signature

Employee Name (PRINT)