

## Receipt of Team Member Handbook

This acknowledges I have received a copy of the Independence Landing I, LLC (referred to throughout this Handbook as Independence or the Company) Team Member Handbook and Alcohol & Drug Free Workplace Policy. As a team member of Independence, I agree to read this Handbook, and to ask my supervisor about any portion of this Handbook I do not understand. I understand and agree that Independence has the right to add, delete or otherwise modify the policies, procedures or other information provided in this Handbook at any time. I also understand and agree that Independence has the right to interpret and apply the policies and procedures in this Handbook in their discretion. I agree to abide by these policies, procedures and other requirements of this Handbook. I understand that my failure to do so will lead to disciplinary action, up to and including immediate termination for the first offense.

I understand that neither this Team Member Handbook nor any verbal statements made by Independence constitute an agreement or promise of continued employment and that the provisions of this Handbook may be changed at any time. I understand that I am employed at will and that Independence reserves the right to terminate my employment at any time for any reason, with or without cause or notice, and that I also reserve the right to terminate my employment at any time for any reason, with or without cause or notice. Only the Management Group of Independence is authorized to modify this at-will employment policy or enter into an agreement contrary to this policy. Any such modification must be in writing and signed by me and the Management Group.

If I have any questions about this employment relationship, I understand that I can contact my supervisor.

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**Print Name**

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**Team Member's Signature**

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**Date**