

FLORIDA AGREEMENT AND RELEASE OF CLAIMS

I, _____, understand that Disney Vacation Club Management Corp. ("DVCMC") and Walt Disney Parks and Resorts U.S., Inc. ("WDPR") (collectively, "Disney") have agreed with the U.S. Department of Labor ("DOL") to make a one-time payment to me in settlement of any and all claims for violation of the minimum wage, overtime compensation and recordkeeping provisions of the Fair Labor Standards Act referenced in the DOL Form WH-58 that I have received in connection with that payment ("Released Federal Claims"). With the exception of the claims referenced in the next sentence, this separate Florida Agreement and Release of Claims ("Florida Agreement") applies to the same claims and for the same time periods as the Released Federal Claims, but under any and all applicable Florida state or local laws ("Released Florida Claims"). This Florida Agreement does not cover any pending union grievance (if any) filed as of March 18, 2017, raising Released Federal Claims or Released Florida Claims. In consideration of the enclosed payment in the amount specified on the DOL Form WH-58 ("the Payment"), I agree as follows:

Release. By accepting the enclosed Payment and signing this Florida Agreement, I agree that I am knowingly releasing (*i.e.*, giving up) all Released Florida Claims that I presently have against Disney, its corporate parents, subsidiaries, affiliates and related entities, officers, directors, trustees, stockholders, and their current and former employees ("Released Parties"), whether known or unknown. In particular, I agree that such Released Florida Claims include claims for minimum wages and overtime wages, claims for liquidated damages and penalties related to such wages, and claims for attorneys' fees and costs related to such wages under applicable Florida law, including, but not limited to, FLA. STAT., TIT. 31, CH. 448 *et seq.* and FLA. CONST. art. X, § 24.

Review of Agreement. Before signing this Florida Agreement, I acknowledge that I read it carefully, and I understand that I had the opportunity to discuss it with an attorney (at my own expense) if I chose to do so. I further acknowledge that I was given a reasonable period of time in which to consider and/or accept this Florida Agreement, and that I entered into it knowingly and voluntarily.

BY ACCEPTING THE PAYMENT AND SIGNING THIS FLORIDA AGREEMENT, I AGREE THAT I AM KNOWINGLY GIVING UP MY RIGHT TO BRING SUIT ON MY OWN BEHALF FOR THE RELEASED FLORIDA CLAIMS.

Employee: _____

Witness: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____