



Unpaid Internship Agreement

"Company" such as, but not limited to workers' compensation, health and life insurance; unemployment compensation benefits or any other employee related benefits, and (d) Station does not guarantee the product, outcome, benefit or practical training experience of the Student's internship.

7.) In consideration of the practical training opportunity made available to the Student, the Student expressly waives any and all claims the Student may have or which may otherwise arise against "Company", Nexstar Media Inc., its officers, agents or employees in connection with the internship program and his or her participation therein.

8.) Notwithstanding paragraph 1, it is agreed and acknowledged between the parties that the Student is not providing any consideration to "Company" in terms of work performed or any additional consideration in exchange for the training and experience received from "Company", which is provided voluntarily as a community service.

9.) "Company" or the Student may terminate this agreement at-will at any time upon notice.

I understand that this unpaid, learning experience is not employment and that Intern is not entitled to wages or a promise of employment at the completion of the unpaid structured learning experience.

Nexstar Media Inc.

| |
|----------------|
| Date: |
| Manager Title: |
| Manager Name: |
| Signature: |

Intern

| |
|-----------------------------------|
| Date: |
| Name: Thomas Benjamin Gibson |
| Signature: Thomas Benjamin Gibson |

College/University

| |
|------------|
| Date: |
| Title: |
| Name: |
| Signature: |



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Nexstar Media Inc.

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| Date: |
| Manager Title: |
| Manager Name: |
| Signature: |

Intern

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| Date: |
| Name: Thomas Benjamin Gibson |
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Nexstar Media Inc.

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|----------------|
| Date: |
| Manager Title: |
| Manager Name: |
| Signature: |

Intern

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|------------|-------------------------------|
| Date: | 4/20/2023 |
| Name: | Thomas Benjamin Gibson |
| Signature: | <i>Thomas Benjamin Gibson</i> |

College/University

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| Date: |
| Title: |
| Name: |
| Signature: |