



The power to change life.
The energy to make it happen.®

GENON MID-ATLANTIC, LLC
Dickerson Generating Station
21200 Martinsburg Road
Dickerson, MD 20842

WAIVER OF CLAIMS, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I acknowledge and understand that I have voluntarily applied to participate in a tour, activity, presentation, and/or demonstration at the facility identified above (which shall be referred to as the "Facility" in this form), which is located at the address set forth above. I also acknowledge and understand that the Facility is owned and/or operated by GenOn Mid-Atlantic, LLC and/or one or more subsidiaries, affiliated entities, and/or parent entities (collectively referred to as "GenOn" in this form). I am voluntarily participating in the tour, activity, presentation, and/or demonstration at the Facility and hereby agree to accept any and all risks associated therewith. I hereby agree that I, and my assignees, heirs, distributees, executors, personal representatives, guardians, conservators, and any of their other legal representative(s) and/or administrator(s), will not make a claim against, sue, or attach the property of GenOn, any of its affiliated organizations, or any of their servants, contractors, agents, and/or employees, for any injury or damage resulting from my participation in the tour, activity, presentation and/or demonstration or occurring while I am on the Facility site. I hereby release GenOn, any of its affiliated organizations, and their servants, contractors, agents, and/or employees, from all actions, claims, or demands that I, or my assignees, heirs, distributees, executors, personal representatives, guardians, conservators, and any of their other legal representative(s) and/or administrator(s), now have or may hereafter have for bodily injury (including death), ~~or~~ property damage and/or personal injury resulting from my participation in the tour, activity, presentation and/or demonstration or my presence on the Facility site.

I HAVE CAREFULLY READ THE FOREGOING AND FULLY UNDERSTAND IT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND GENON AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Printed Name of Visitor

Signature of Visitor

Date

If the Visitor is a Minor under the age of eighteen (18) years old, a signature of the Visitor's Parent or Legal Guardian is required below. By so signing, the Parent/Legal Guardian agrees to the terms set forth above, grants permission for the Minor Visitor to participate in any tour, activity, presentation, or demonstration at the Facility and releases any and all claims, demands, injuries, damages, actions, or causes of action, as set forth above, on behalf of both the Parent/Legal Guardian, the Minor Visitor, their heirs, distributees, executors, personal representatives, guardians, conservators, and any of their other legal representative(s) and/or administrator(s).

Printed Name of Parent / Legal Guardian of Minor Under Age 18

Signature of Parent / Legal Guardian of Minor Under Age 18

CONSENT AND RELEASE FOR PHOTOGRAPHS AND VIDEOTAPES

I, the undersigned, hereby acknowledge and agree that photographs or videotapes may be taken at the GenOn Mid-Atlantic, LLC event for the purposes of media and public relations use by GenOn ("Images"). These Images may be published through broadcasts, print or electronic media (e.g., television, radio, newspapers, magazines, computer networks, electronic bulletin boards or Internet Web sites), or GenOn publications (e.g., intranet, newsletters, advertisements, brochures). I consent to GenOn's use of the Images in such media publications, which use does not depart from the original content, context and intended use of the Image.

I acknowledge and agree that this consent to public disclosure is being made solely for the benefit of GenOn and without expectation of compensation, remuneration, or other benefit to the undersigned. To the extent that any benefit accrues or might accrue to GenOn for the use and disclosure of Images, the undersigned hereby forever waives any interest in or claim to such benefits. I further acknowledge that GenOn and its affiliates shall have all rights of copyright in and to such photographs, videotapes and other recordings and may exploit said copyright fully and I release and waive all rights and interest in and to such materials.

I hereby release and forever discharge GenOn (including without limitation, all corporate affiliates and their officers, directors, trustees, employees, and agents) from any and all manner of claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the public exposure resulting from this consent to disclosure.

This consent and release agreement extends to any and all derivative works containing the Images, including but not limited to, remakes, reissues of the work or Images, televised versions of the work or Images, and any and all phases of exploitation of the work or Images, including publicity, promotion and advertising.

PRINTED NAME of Visitor

SIGNATURE of Visitor

Date

If the Visitor is a Minor under the age of eighteen (18) years old, a signature of the Visitor's Parent or Legal Guardian is required below. By so signing, the Parent/Legal Guardian agrees to the terms set forth above, grants permission as set forth above on behalf of the Minor, and releases any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness, as set forth above, on behalf of both the Parent/Legal Guardian, the Minor Visitor, their heirs, distributees, executors and any of their other legal representative(s) and/or administrator(s).

**Printed Name of Parent / Legal Guardian
of Minor Under Age 18**

**Signature of Parent / Legal Guardian
of Minor Under Age 18**

ACKNOWLEDGEMENTS FOR MINORS UNDER AGE 18

If the Visitor is a Minor under the age of eighteen (18) years old, the signature(s) of the Visitor's Parent(s) or Legal Guardian(s) must be acknowledged by a Notary Public as provided below.

STATE OF MARYLAND
COUNTY OF _____

On this, the ____ day of _____, 20__, before me, a Notary Public, personally appeared _____ and _____, the parent(s) or legal guardian(s) of _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) are subscribed to the foregoing document, and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.

NOTARY SEAL

Notary Public

My Commission Expires