MARTHA'S TABLE, INC.

VOLUNTEER RELEASE AND WAIVER

Thank you for working as a volunteer to help Martha's Table, Inc. fulfill its mission. In order to comply with our internal policies and insurance requirements we ask you to sign the following form releasing Martha's Table from all liability while you are working with Martha's Table. This form is in effect for one (1) year from the signing date below.

1. WAIVER AND RELEASE: I, the Volunteer, release Martha's Table from and waive liability, claims, and demands of whatever kind, either in law or in equity, which arise from the services the Volunteer provides to Martha's Table. Volunteer understands that this Release discharges Martha's Table from any liability or claim that Volunteer may have against Martha's Table with respect to injury, illness, death or property damage that may result from the services the Volunteer provides to Martha's Table, including from activities that may be hazardous to Volunteer such as operation of kitchen appliances, use of kitchen instruments, use of cleaning products, operation of a motor vehicle, and other work involving inherently dangerous activities.

2. NO RIGHT TO COVERAGE FROM MARTHA'S TABLE: Further Volunteer understands that Martha's Table does not assume any obligation to provide the Volunteer with compensation or any other financial assistance, including but not limited to medical, health or disability assistance, benefits or insurance in the event of Volunteer's injury, illness or death or damage to Volunteer's property. Volunteer expressly waives any such claim for compensation or liability on the part of Martha's Table.

Each Volunteer is expected and encouraged to obtain his/her own medical or health insurance coverage.

4. PHOTOGRAPHIC RELEASE: Volunteer grants to Martha's Table all rights in any photographs, images, video, or audio recordings of Volunteer or his/her likeness or voice made by Martha's Table in connection with Volunteer's provision of volunteer services to Martha's Table.

6.GOVERNED BY DC LAW/ENFORCEMENT: As Volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the District of Columbia and that this Release shall be governed by and interpreted in accordance with the laws of the District of Columbia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

7. PARENT/LEGAL GUARDIAN. If the Volunteer is under 18 years old, the term "Volunteer" in this Volunteer Release and Waiver shall include the Parent or Legal Guardian, as applicable, of the Volunteer.

IN WITNESS WHEREOF, Volunteer/Parent or Legal Guardian has executed this Release as of the day and year set forth below.

Volunteer Name (Print Please): _____

Volunteer Signature: _____

Today's Date: _____

Volunteer Address: _____

_____

Phone number where you are most easy to reach _____

Email: _____

Group/Organization (if applicable): _____

********** If the Volunteer is under the age of 18 a parent or legal guardian must sign.*******

Parent/Legal Guardian Signature: _____ (if Parent/Legal Guardian is 18 or older)

In case of emergency, please contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____