

AGREEMENT AND RELEASE

IN CONSIDERATION of my acceptance and being given the opportunity to participate in the Connecticut Adaptive Rowing Program (the "Program") conducted by Mount Sinai Rehabilitation Hospital in cooperation with the Riverfront Recapture Community Rowing Program and USRowing, I, the below named participant, for myself, my personal representatives, assigns, heirs and next of kin hereby make the following representations, acknowledgements and agreements:

1. I acknowledge, agree and represent that I have been fully informed and I understand the nature of the Program and the risks and dangers inherent in the activity of rowing both on open water and in land exercises.

2. I acknowledge and fully understand that while the Program will be conducted under the supervision of experienced rowers and protective equipment and gear will be provided, the Program involves the risk of drowning and/or serious bodily injury resulting from participation in the Program and/or the use of the equipment.

3. I agree to participate in the Program and as a participant, hereby remise, release and forever discharge Mount Sinai Rehabilitation Hospital, Saint Francis *Care*, Inc., Saint Francis Hospital and Medical Center, their affiliated companies, and their officers, directors, employees, representatives and agents from any claims, demands, actions, damages, costs, expenses, liabilities or obligations that I may assert against them as a result of my participation in the Program.

4. I have read this Agreement and Release, fully understand its terms, and understand that I have given up certain rights by signing it and have signed it freely and without any inducement or assurance of any nature. If any portion of this Agreement and Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature

Signature of Parent/Legal Guardian
(if under 18 years of age)

Please print name and address

Date