

MOUNT SINAI REHABILITATION HOSPITAL, INC.
WAIVER AND RELEASE

IN CONSIDERATION of being given the opportunity to participate in the Connecticut Adaptive Rowing Program (the "Program") promoted as CARP conducted by Mount Sinai Rehabilitation Hospital, Inc. /Trinity Health Of New England, in collaboration with Riverfront Recapture, Inc., I, the below named participant, on behalf of myself, my heirs, executors, administrators, successors, and assigns, 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 and kayaking both on open water and in land exercises, including transport in a launch boat.

2. I acknowledge and fully understand that while the Program will be conducted under the supervision of coaches and experienced rowers/kayakers, 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, I hereby knowingly and voluntarily release and forever discharge Mount Sinai Rehabilitation Hospital, Inc., Trinity Health Of New England, Inc., Saint Francis Hospital and Medical Center, Riverfront Recapture, Inc., The City of Hartford, Town of East Hartford, Metropolitan District Commission, 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 Waiver and Release, and I have had the opportunity to ask questions, and I fully understand its terms, and I have signed it voluntarily and without any inducement or assurance of any nature. If any portion of this Waiver 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

_____, 2021
Date