



**Omnibus Agreement Regarding  
Release of Liability, Indemnity, Consent to Medical Treatment, Publicity Release**

In consideration of being allowed to participate in the SOLACE SUNRISE WALK in support of the activities of Solace House Inc. or in any other events or other activities allowed by Solace House Inc. a New York corporation, the undersigned hereby acknowledges, accepts and agrees that:

I know that participating in a charity walk of this sort can also be a potentially hazardous activity, which could result in, muscle sprains/aches, broken bones, cuts/lacerations, paralysis and symptomatic reactions due to a pre-existing medical condition, other injuries and even death. I will not enter and participate in the Solace Sunrise Walk unless I am medically able and fit to do so. By my signature below, I certify that I am medically able to perform this event, and am in good health. I agree to abide by any decision of a Solace Sunrise Walk official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever.

I attest that I have read the rules of the Solace Sunrise Walk and agree to abide by them. I assume all risks associated with my participating in this event, including getting to and from the event, the loss of personal property, injury from falls, contact with other participants, the effects of the weather, walking in the dark, traffic and the conditions of the road, and illnesses caused by items handed out to the participants during the Solace Sunrise Walk, all such risks being known and appreciated by me.

I also grant permission to Solace House to take, use and publish any photographs, video and any other media, collateral material, brochure or website inclusions depicting me (using any picture, name, image or likeness) as they see fit for the purpose of promoting, publicizing, advertising and fund raising for Solace House and its programs and activities. I also grant Solace House the right to provide any such materials to the press/media, and to use any portions of my oral or written statements or other declarations for the above purposes as they see fit. I release Solace House from all claims for financial compensation in connection with all such use, both now and in the future.

In addition, I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities at any point, may recommend practicing social distancing. I further acknowledge that Solace House and the participating venue have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Solace House and the participating venue can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, catering staff, and other event attendees.

I voluntarily attend Solace House's Sunrise Walk and acknowledge that I may increase my risk of exposure to the Coronavirus/COVID-19. I acknowledge that Solace House and the participating venue will make safety a priority and that I must comply with all set procedures to reduce the spread while attending this event.

I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I will not have traveled internationally within 14 days prior to June 12th.
- I will have not traveled to a highly impacted area within the United States of America within 14 days of the event.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release **Solace House, the New York Irish Center (1040 Jackson Ave, Long Island City, NY 11101), Long Island City**, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Participant Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent's Signature (if participant is under 18 years old):

\_\_\_\_\_  
Date: \_\_\_\_\_

**Solace House, Inc.**

718-482-0001 | [www.SolaceHouseUSA.org](http://www.SolaceHouseUSA.org)

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