

Walk For Freedom Permit Request

Dear Mr. Amador,

On October 16, people will rally in hundreds of cities across the globe for the 7th annual Walk For Freedom. This event is a collective effort led by A21, a global nonprofit organization determined to eradicate human trafficking through awareness, intervention, and aftercare. Walk For Freedom is A21's global response to human trafficking, raising awareness and funds for the millions enslaved in the world today.

I am reaching out to you because I, Carly Brown, would like to take part in A21's event and host a Walk For Freedom in Fort Worth, TX on October 16 from 9am to 2pm . I am requesting a permit to organize a walk that begins and ends at the east lawn of the Tarrant County Courthouse. I've attached a map to accurately demonstrate the exact route that we would like to take.

If I were to be granted permission to host the event, I predict there will be approximately 500-700 people. The event is not a protest, but a silent, single-file walk on behalf of the millions of men, women, and children who are trapped in slavery today.

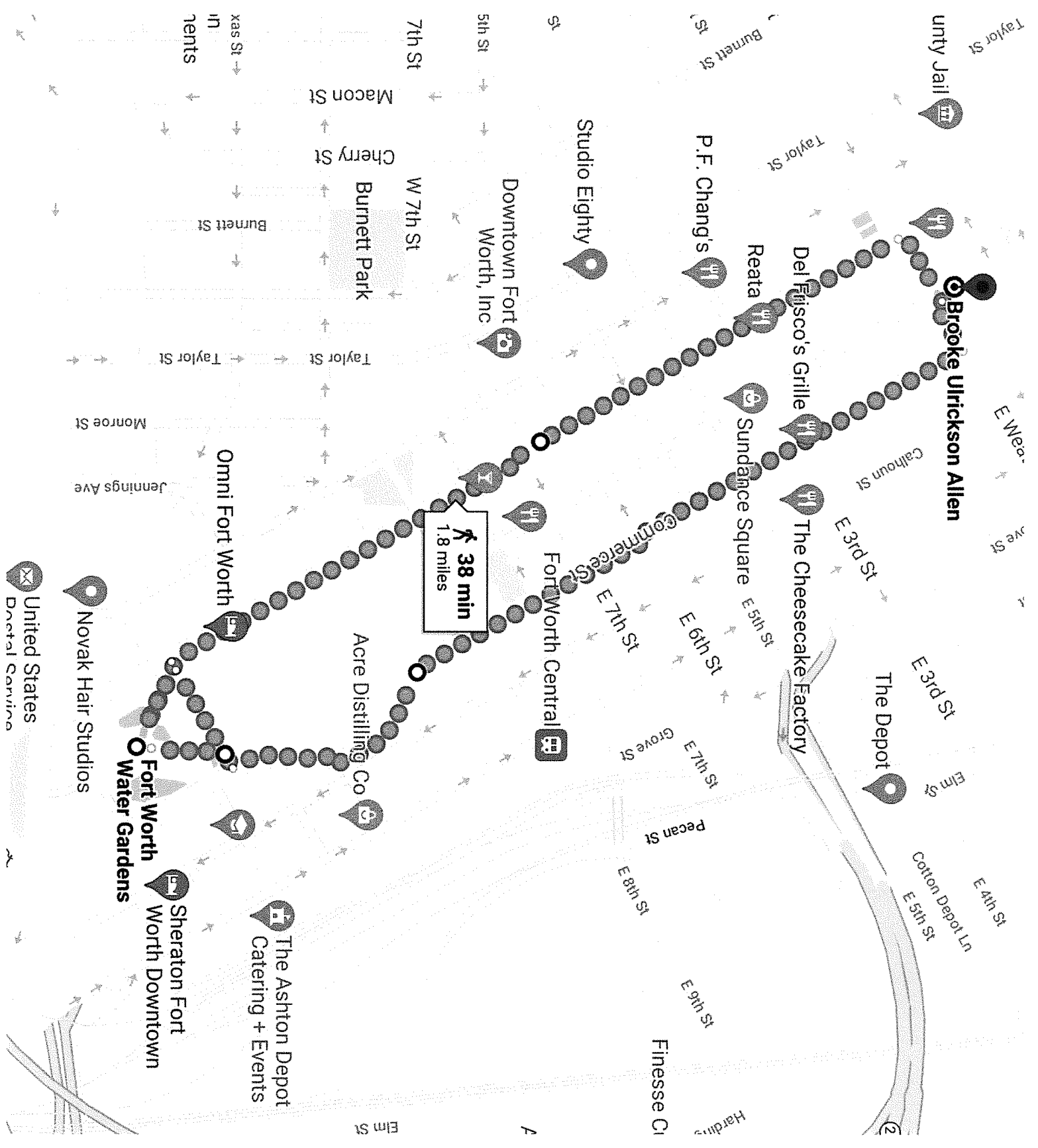
In addition to the walk, we would be selling t-shirts for the event with all proceeds going directly to the anti-human trafficking work of A21. To facilitate participant registration and the selling of t-shirts, we will use 6 tables. Opening and closing remarks will be made from the stairs, which will require the use of two microphones and two speakers, powered by the Courthouse's electricity.

This event is a perfect opportunity for Fort Worth to make a difference, advance the cause of justice, and make a global difference.

I look forward to hearing from you.

For Freedom,

Carly Brown
Walk Host, The A21 Campaign



**TARRANT COUNTY FACILITIES MANAGEMENT
PROPERTY USE APPLICATION**

PLEASE COMPLETE ALL SECTIONS.

Location requested: Tarrant County Courthouse

Event Date(s): October 16th, 2021

Time of event: 9am - 2pm (set up: 7-9am; clean up: 2-3pm)

Description of event (if more than three lines, please provide an attachment):


See attachment

☒ Electricity required

☒ Set up equipment (tables/chairs/podium/speakers, etc.) requested from County

Contact Person: Carly Brown
Address: 4500 Feather Grass Ln City: Fort Worth State: TX Zip: 76177
Ste 310
Cell phone number: 469-784-9050 Email: carly.b@a21.org

Name of Organization: The A21 Campaign
☒ Non-Profit ☐ For-Profit
Primary contact person: Carly Brown
Address: 4500 Feather Grass Ln City: Fort Worth State: TX Zip: 76177
Ste 310
Business phone number: 469-784-9050 Email: carly.b@a21.org
Event on-site contact person & cell phone number: Carly Brown, 469-784-9050

Applicant's signature: 

Applicant's printed name: Carly Brown

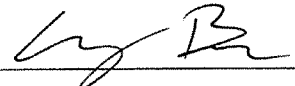
Date: September 1st, 2021

**RELEASE, INDEMNIFICATION
AND HOLD HARMLESS AGREEMENT**

THAT I, the undersigned Carly Brown, The A21 Campaign, hereby
RELEASE and HOLD HARMLESS Tarrant County, Texas ("County") and all of its officials,
officers, agents and employees in both their public and private capacities, from any and all
claims, losses, damages, causes of action, suits and liability of every kind that may arise from any
of their act(s) and/or omission(s) that may occur as a result of my request to seek their help,
assistance, and/or service in connection with the Walk For Freedom event

It is further agreed that the execution of this "**Release, Indemnification and Hold
Harmless Agreement**" will not constitute a waiver by the County of the defense of governmental
immunity where applicable, or any other defense recognized by law and/or the courts of the State
of Texas.

SIGNED this the 1st day of September, 20 21.

Signature: 
Printed Name: Carly Brown
Address: 4500 Feather Grass Lane Ste 310
City: Fort Worth State: TX Zip Code: 76177
Phone #: 469-784-9050



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.


IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008		CONTACT NAME: PHONE (A/C, No, Ext): 630-773-3800 FAX (A/C, No): 630-285-4006 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Harleysville Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 550548837	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MPA0000004987AU	4/15/2021	4/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA00000004591BF	4/15/2021	4/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CMB0000001874AV	4/15/2021	4/15/2022	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Permit to host Walk for Freedom in Fort Worth.
City of Fort Worth and Tarrant County Courthouse are included as additional insureds with respect to General liability policy as required by written contract.

CERTIFICATE HOLDER Tarrant County Attn: Building Services Tarrant County Facilities Management 100 W. Weatherford St, Rm 330 Fort Worth TX 76196	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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