

**TARRANT COUNTY FACILITIES MANAGEMENT
PROPERTY USE APPLICATION**

PLEASE COMPLETE ALL SECTIONS.

Location requested: 100 E. Weatherford St., FW 76106

Event Date(s): 8/9/24, 8/12/24-8/16/24, 8/19/24-8/23/24, 8/26/24-8/30/24, 9/2/24-9/6/24
9/9/24-9/13/24, 9/16/24-9/20/24, 9/23/24-9/27/24, 9/30/24-10/4/24

Time of event: 8:00 AM - 4:00 PM

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

Voter registration tabling

N/A Electricity required 1 table/1 chair

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

Contact Person: Cornell Woolridge

Address: [REDACTED] City: [REDACTED] Austin State: TX Zip: [REDACTED]

P.O BOX 1624

Cell phone number: 410-504-7877 Email: cornell@tfn.org 78767

Name of Organization: Texas Freedom Network

☒ Non-Profit ☐ For-Profit

Primary contact person: Cornell Woolridge

Address: [REDACTED] City: [REDACTED] Austin State: TX Zip: [REDACTED]

P.O BOX 1624

Business phone number: 410-504-7877 Email: cornell@tfn.org 78767

Event on-site contact person & cell phone number: Cornell Woolridge 410-504-7877

Applicant's signature: [Signature]

Applicant's printed name: Cornell Woolridge

Date: 8/8/24

**RELEASE, INDEMNIFICATION
AND HOLD HARMLESS AGREEMENT**

THAT I, the undersigned Texas Freedom Network, 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 voter registration table

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 8th day of August, 2024.

Signature:

Cornell M. Woolridge

Printed Name:

Cornell M. Woolridge

Address:

[REDACTED]

P.O BOX 1624

78767

City:

[REDACTED]

Austin

State:

TX

Zip Code:

[REDACTED]

Phone #:

410-504-7877