

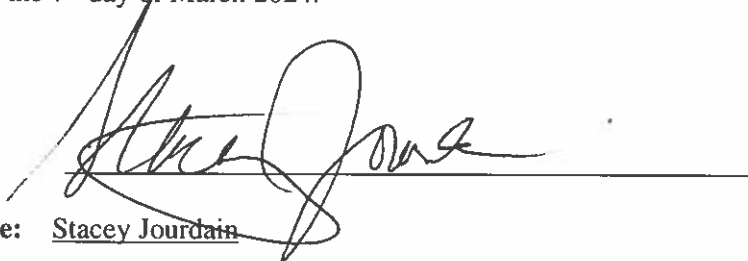
**RELEASE, INDEMNIFICATION
AND HOLD HARMLESS AGREEMENT**

THAT I, the undersigned Stacey Jourdain, 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 Child Abuse Prevention Month Pinwheel Display.

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 7th day of March 2024.

Signature:



Printed Name: Stacey Jourdain

Address: 2700 Ben Ave.

City: Fort Worth **State:** TX **Zip Code:** 76103

Phone #: 817-255-8711

**TARRANT COUNTY FACILITIES MANAGEMENT
PROPERTY USE APPLICATION**

PLEASE COMPLETE ALL SECTIONS.

Location requested: 100 W. Weatherford St. Fort Worth, TX 76102

Event Date(s): April 1st - 30th 2024

Time of event: _____

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

A Pinwheel Garden consisting of 44 Pinwheels and 3 signs for Child Abuse Prevention

Month

____ Electricity required

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

Contact Person: Lonora Washington

Address: 2700 Ben Ave. City: Fort Worth State: TX Zip: 76103

Cell phone number: 817-475-6862 Email: lonora.washington2@dfps.texas.gov

Name of Organization: DFPS

☒ Non-Profit ☐ For-Profit

Primary contact person: Stacey Jourdain

Address: 2700 Ben Ave. City: Fort Worth State: TX Zip: 76103

Business phone number: 817-255-8711 Email: stacey.jourdain@dfps.texas.gov

Event on-site contact person & cell phone number: Lonora Washington 817-475-6862

Applicant's signature: Lonora Washington

Applicant's printed name: Lonora Washington

Date: 3/7/2024