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What organization is sponsoring you?

# 2019 Freedom Tour



## Participant Registration

Participants will experience east and west side Detroit Freedom Tours, on July 12<sup>th</sup> and 13<sup>th</sup>, 2019. We will travel to sites which include the Birwood Wall, Shrine of the Black Madonna, the Ossian Sweet House, and the Boggs Center (among others).

Participants will meet with civil rights and social justice activists about the struggles of the past, and the ongoing battles for equality and justice. A panel discussion along with a hands-on project will engage participants in a constructive manner.

This will be an inter-generational tour, as we are recruiting people aged 14 years old and up from varying urban, suburban and rural backgrounds, across race, ethnicity, class, gender identity, sexual orientation, religious affiliations, and other identities. Participants will form remarkable inter-personal bonds and understand how the history of Detroit impacts their daily lives today.

Registration cost is \$75 and includes food and a t-shirt. We are taking additional donations to cover the cost of participants who cannot pay the full price. If you would like to make a donation, you can do so at [www.mchr.org](http://www.mchr.org). Please mail the application and payment to MCHR by June 22, 2019. (9200 Gratiot, Detroit, MI 48213) If you have any questions, contact MCHR at [freedomtour2019@gmail.com](mailto:freedomtour2019@gmail.com) or 313 579-9071. Checks should be made out to "MCHR".

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

High School/Org \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_

Gender pronouns: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

Adult t-shirt size: \_\_\_\_\_

Please mail the application to MCHR by June 22, 2019. (9200 Gratiot, Detroit, MI 48213)  
If you have any questions, contact MCHR at [freedomtour2019@gmail.com](mailto:freedomtour2019@gmail.com) or 313 579-9071.

Do you have any allergies or medical conditions that we should be aware of?

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Do you need any accommodations? (Dietary, religious, ability needs) \_\_\_\_\_

**Youth media team interest (for high school aged participants)**

Are you interested in helping document the 2019 Freedom Tour picture and report out to the media?

- Yes, I am interested in writing about the tour
- Yes, I am interested in taking pictures
- Yes, I am interested in taking video
- No, I am not interested

**Reflection Question (Mandatory)**

Please write brief reflections to the following question on a separate sheet of paper and return them with the application. Responses should be around 200 words or less.

- How do you connect to the history of Detroit, and how does it impact you today?

**Please sign below if you agree to the following:**

I AGREE to participate in the Freedom Tour in a spirit of nonviolence, learning, and community.

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

\_\_\_\_\_  
Date

**Parent/ Guardian (if participant is under 18)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that my child/ youth under my guardianship will be participating in the Michigan Coalition for Human Rights 2019 Freedom Tour, on July 12, 2019 and July 13, 2019

- Without restrictions
- With these special considerations or restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health insurance information (highly encouraged):**

Policy holder's name: \_\_\_\_\_

Policy holder's relationship to participant: \_\_\_\_\_

Policy holder's address: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_

I understand that participation in this Tour involves the usual risks associated with long-distance group bus travel and being away from home in unfamiliar settings. I have carefully considered any risks involved and consent to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct, and that I will be required to conduct myself in accordance with these rules and standards.

I release the Michigan Coalition for Human Rights, the Tour organizers, and all employees, chaperones or other volunteers and related persons or organizations associated with the Tour from any and all claims or liability arising out of this participation.

In case of emergency, if I am incapacitated, I understand every effort will be made to contact the person identified below at the telephone number(s) that I have provided to Tour organizers. In the event that this person cannot be reached, I hereby give my permission to the medical provider(s) selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to the adult in charge all examination findings, test results, and treatment provided for purposes of medical evaluation, follow-up.

Emergency Contact Person's Name: \_\_\_\_\_

Relationship with Chaperone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: Cell \_\_\_\_\_ Home \_\_\_\_\_

**Photo release**

Michigan Coalition for Human Rights 2019 Freedom Tour  
9200 Gratiot Ave  
Detroit, Michigan 48213-3016  
(313) 579-9071

I consent to Michigan Coalition for Human Rights taking photographs and video of me and my family in connection with the above-identified event. I authorize Michigan Coalition for Human Rights, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

- Consent
- Does not consent

I agree that Michigan Coalition for Human Rights may use such photographs and video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

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

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Signature of parent or guardian: \_\_\_\_\_  
(If under age of 18)