



**AROUND TEXAS**  
with Chancellor John Sharp

**APPEARANCE RELEASE**

Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Social Media Tags: \_\_\_\_\_  
(optional) \_\_\_\_\_

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PARTICIPANT:

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_ Date

IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I agree to all the terms and conditions of this Appearance Release on behalf of myself and my child/ward.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

\_\_\_\_\_ Date