APPEARANCE RELEASE

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I agree to hold Congressman Walkinshaw's Office and its employees, agents, legal representatives, and those acting on its behalf harmless against any liability, loss, or damage (including reasonable attorney's fees) caused by or arising from the Recordings and Materials. (Please check only one of the following.)

_____ I **agree** to the terms of the above Appearance Release, or

_____ I **do not agree** to the terms of the above Appearance Release.

Signature _____

Date _____ / _____ / _____

Printed Name _____

Date of Birth _____ / _____ / _____

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Phone _____

FOR USE BY PARENT OR GUARDIAN OF PERSONS UNDER 18 YEARS OF AGE:

I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds us and said minor to all of the terms thereof.

Signature of Parent or Guardian _____

Date _____ / _____ / _____

This sample appearance release is courtesy of the Office of General Counsel.