UNIVERSITY OF CALIFORNIA NATURE
PHOTO CONSENT FORM

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I hereby hold harmless and release and forever discharge the University from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

_____ _____
(Signature) (Date)

_____ _____
(Printed Name) (Street Address)

_____
(City, State, Zip Code)

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(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

_____ _____
(Parent/Guardian's Signature) (Date)

_____
(Parent/Guardian's Printed Name)