

UNIVERSITY OF CALIFORNIA, NATURAL RESERVE SYSTEM

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_____	_____
(Signature)	(Date)
_____	_____
(Printed Name)	(Street Address)

	(City, State, Zip Code)

(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)	