

State of California - Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

VISUAL MEDIA CONSENT

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NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA *(print)*

By signing this form I hereby certify that I am the subject and/or parent or legal guardian of the person(s) under 18 years of age named above and I hereby sign this consent form on behalf of myself and/or such person(s) in accordance with the statements above.

SIGNATURE OF SUBJECT AND/OR PARENT/LEGAL GUARDIAN ▶	PRINTED NAME	PHONE NUMBER ()
ADDRESS	CITY/STATE/ZIP CODE	E-MAIL ADDRESS

FOR DEPARTMENT USE ONLY

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED <i>(print)</i>	UNIT NO.
PHOTOGRAPHER'S NAME AND TITLE <i>(print)</i>	DATE VISUAL MEDIA CREATED

IMAGE NUMBERS
