

## Release / Acknowledgement

Permission to Provide Voluntary Access to Fort Ord Restricted Munitions Response Sites

DATE:

I, the undersigned, am the legal guardian or parent of:

**Name**

**Age**

In my capacity as guardian or parent, I accept responsibility for the actions of the minor described above in regards to their safety and welfare while within the restricted munitions response sites of the former Fort Ord for the purpose of a nature walk.

**Check one:**

- I am the emergency point of contact for the minor described above.  
 The emergency point of contact for the minor described above is:

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Guardian/Parent  
**Name**

**Signature**

**Phone**

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