CONSENT AND RELEASE FOR PRESS INTERVIEW
AND/OR PHOTOGRAPHS AND/OR TELEVISION

The undersigned patient, and/or responsible relative or person hereby consent to:

<table>
<thead>
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<th>Media</th>
<th>Non-media</th>
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<tbody>
<tr>
<td>Interview</td>
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<td>Photographs</td>
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<td>Audio Taping</td>
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The undersigned further consent to the public or private exhibition and reproduction of the media above designated, to include the use of the patient's full name and other identifying data, and release from liability the County of Los Angeles, its officers and employees, and each and all persons involved therewith.

________________________________________
Witness

________________________________________
Witness

________________________________________
Signature of Patient

________________________________________
Signature of responsible relative or person

________________________________________
Date

________________________________________
Relationship

________________________________________
Date