

HARBOR - UCLA MEDICAL CENTER

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

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

Interview	<input type="checkbox"/> Media <input type="checkbox"/> Non-media
Photographs	<input type="checkbox"/> Media <input type="checkbox"/> Non-media
Video	<input type="checkbox"/> Media <input type="checkbox"/> Non-media
Audio Taping	<input type="checkbox"/> Media <input type="checkbox"/> Non-media

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

Signature of Patient Date

Witness

Signature of responsible relative or person Relationship Date

