COUNTY OF LOS ANGELES
YOUTH@WORK PROGRAM
CONSENT AND RELEASE AGREEMENT - ADULT

I, _____ , agree to the following:

I affirm that I am a resident of Los Angeles County and that I meet **one** of the following:

☐ LGBTQ+ ☐ Foster ☐ Justice Impacted ☐ Experienced homelessness

1. I understand that provisions of law, including but not limited to Welfare & Institutions Code Section 10850, make information related to receipt of public social services confidential. I further understand that these laws protect the identity of applicants and recipients of public assistance, such as myself, from the unauthorized release of confidential welfare information.

2. I understand that my identity including my photograph and/or a videotape recording of me indicating that I am a recipient of public social services is confidential information.

3. I understand that the County would like to photograph persons receiving services through the Department Economic Opportunity (DEO). I understand that I am not required to provide an interview or release any information to the media for this use.

4. I understand that by signing this agreement, the County may photograph, videotape, and release my identity for use in the DEO intranet, the DEO public website, a County Newsletter or other publication promoting County services and programs.
   ☐ I do not authorize any photography.

5. I understand that I have the right to give or withhold my permission to allow the County to photograph or videotape me, and that the decision on whether to permit the County to photograph or videotape me will not affect my ability to receive social service benefits.

6. I voluntarily consent and authorize the County of Los Angeles, its agents and employees to release my identity and any other confidential information provided by me for the purposes stated herein. I understand and agree that I will receive no money or other benefits from the County of Los Angeles or any other party as a result of consenting to the release of such information.

7. I agree to release the County of Los Angeles, its agents, and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from giving confidential information provided by me and about me to the media with my consent.

8. I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.

9. I understand that I have the right to file a Complaint of Discriminatory treatment if at any time I feel that I have been discriminated against. Complaints may be made in writing or by telephone and addressed to:

Agency Supervisor	**Phone Number**

I understand that I may cancel this authorization at any time by notifying in writing the designated Agency Staff person indicated below:

Agency Staff Person	**Phone Number**

I understand that this release expires one (1) year from the date of my signature below.

Print Name of Participant	**Home Address**
Signature	**Date**
Phone Number	**Email**

A copy of this form was provided to Youth@Work Participant on _____ by _____. The original document is to be kept in the case file.