

Talent Release Form

Talent Name: Eryn Siddall Project Title: Multi-group Experiment

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at Monmouth University on 4/10/15
(Recording Location) (Date)

by Aaron Kolski-Andreaco for MyJoVE Corporation

(Producer) (Producing Organization)

Talent's signature Eryn Siddall
Address 14 Roselid Ct City Deer
State NY Zip code 07723
Date: 4/10/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian _____

(sign/print name)

Address _____ City _____

State _____ Zip Code _____

Date: ____/____/____

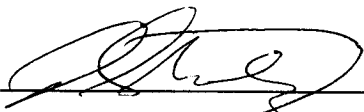
Talent Release Form

Talent Name: Daniel Strohmeyer Project Title: Multigroup Experiment

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at Monmouth University on 4/10/15
(Recording Location) (Date)

by Aaron Kolski-Andreaco for MyJoVE Corporation
(Producer) (Producing Organization)

Talent's signature 
Address 937 Newark Ave City Forked River
State NJ Zip code 08731
Date: 4/10/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian _____
(sign/print name)
Address _____ City _____
State _____ Zip Code _____
Date: ____/____/____

Talent Name: Krista
Lucas Project Title: Multigroup Experiment

at Monmouth University on 4/10/15
(Recording Location) (Date)

Talent's signature K. A. Edwards
Address 10 Revere Rd City Monkton
State ND Zip code 58852

Date: ____/____/____

Talent Release Form

Talent Name: Jessica Ketch Project Title: McHugroup Experiment

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at Monmouth University on 4/10/15
(Recording Location) (Date)

by Aaron Kolski-Andreaco for MyJoVE Corporation

(Producer) (Producing Organization)

Talent's signature [Signature]
Address 14 Watnong Rd City Moms Plains
State NJ Zip code 07950
Date: 4/10/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian _____

(sign/print name)

Address _____ City _____

State _____ Zip Code _____

Date: ____/____/____

Talent Release Form

Talent Name: Kathleen Accardi Project Title: Multi-group Experiment

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at Monmouth University on 4/10/15
(Recording Location) (Date)

by Aaron Kolski-Andreaco for MyJoVE Corporation

(Producer) (Producing Organization)

Talent's signature Kathleen Accardi
Address 2404 Beech St City Manasquan
State N.J. Zip code 08736
Date: 4/10/15

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian _____

(sign/print name)

Address _____ City _____

State _____ Zip Code _____

Date: ____/____/____