

JoVE Participant Release Form

All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form.

Participant Name: MARINKO MARCO RADAKOVIC

Project Title: JOVE EDUCATIONAL VIDEO

(CARDIAC & RESPIRATORY EXAM)

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. * FOR JOVE EDUCATIONAL WEBSITE ONLY

at TUFTS UNIVERSITY

on 2/24/16 - 2/26/16

S.D.

(Recording Location)

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature



Address P.O. Box 621

City QUAMPSCOIT

State MASS

Zip code 01901

Date: 2/24/16

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

Legal guardian _____

(Signature)

(Printed name)

Address _____ City _____

State _____ Zip Code _____

Date: ____/____/____