

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: **Molly Wallner**

Project Title: **Thyroid 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.

at **Tufts Medical Center** on **October 1, 2015**.

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Melinda Wallner

Address 75 Burbank St. #301 City Boston

State MA Zip code 02115

Date: 10/1/15

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: \_\_\_\_/\_\_\_\_/\_\_\_\_