

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: JEFF SAVAGE

Project Title: JOVE - RECORD 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 YALE

(Recording Location)

on 12/15/2015

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature J.F. Savage

Address 75 NEWTON RD City NORTHFIELD

State CT Zip code 06778

Date: 12/15/15

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

Legal guardian J.F. Savage J.F. SAVAGE
(Signature) (Printed name)

Address _____ City _____

State _____ Zip Code _____

Date: ____/____/____