

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 - SPECIAL ADJ. MANUSCRIPTS

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 School of Medicine

on 11/3/2015

(Recording Location)

(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 06179

Date: 11/2/15

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: ____/____/____