

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: ARTUR LILATOWSKI

Project Title: SOVE 10166

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 UConn, Storrs, CT on 10/8/15  
(Recording Location) (Date)

By: Aaron Kolski-Andreaco  
(Producer)

For: The Journal of Visualized Experiments (JoVE)  
(Producing Organization)

Participant Signature Artur Lilatowski  
Address 234 S WATER ST APT 4 City EAST WINDSOR  
State CT Zip code 06088  
Date: 10/12/15

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