

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: Tami Wooley
Project Title: JoVE Clinical Skills Series

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 Kaiser on 02/29/2016 - 04/25/2016
(Recording Location) (Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature Tami Wooley
Address 11362 Windhavenet City Rancho Cucamonga
State Cal Zip code 91701
Date: 8/12/16

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: ____/____/____