

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: Alloxis Bell

Project Title: _____

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 Jonas-Hopkins Simulation Center

(Recording Location)

on 11/4/2010

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Alloxis Bell

Address 6017 Newport Terrace City Frederick

State MD Zip code 21701

Date: 11/4/10

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: ____/____/____