

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: Alex Wassimi

Project Title: Detection of Bacteriophages

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 University of Arizona in the vet science on 8/20/15  
(Recording Location) building (Date)

By: Aaron Kolski-Andreaco  
(Producer)

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

Participant Signature 

Address 802 E copper St. City Tucson

State Arizona Zip code 85719

Date: 10/29/15

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