

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: Scott Lee

Project Title: Calibration Curves / Ultraviolet-Visible Spectroscopy

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 Virginia

(Recording Location)

on 11/23/15

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Scott Lee

Address 235 Yellowstone Dr Apt. 302 City Charlottesville

State Virginia Zip code 22903

Date: 2/17/16

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: ____/____/____

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Participant Name: POOJAN PYAKUREL

Project Title: 10205, 10220

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 Charlottesville

(Recording Location)

on 02/11/2016

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Poojan

Address 83 University Gardens City Charlottesville

State VA Zip code 22903

Date: 02/17/2016

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: ____/____/____

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Participant Name: Leah Ostendorf

Project Title: 10187

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 Charlottesville, VA

(Recording Location)

on 2/10/16

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature 

Address 100 Harman St. City Charlottesville

State Virginia Zip code 22903

Date: 02 / 10 / 2016

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: ____/____/____