

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: MATT HUMPHREY
Project Title: #10390 Administering Inhaled Medications

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 College of Nursing on 01/15/2017
(Recording Location) (Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature [Signature]
Address 1236 E Cedar Ridge Rd City Sandy
State UT Zip code 84091
Date: 1/19/16

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: ____/____/____

JoVE Participant Release Form

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Participant Name: MATT HUMPHREY

Project Title: CENTRAL VENOUS ACCESS DEVICE DRESSING CHANGE

#10311

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 College of Nursing

(Recording Location)

on 01/15/2017

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature

Address 1234 E. 1st St. Apt 202 City Sevier

State UT Zip code 84094

Date: 1/19/16

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: ____/____/____

JoVE Participant Release Form

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Participant Name: Ryan Stewart

Project Title: Initiating Maintenance IV Fluids Gravity Tubing
#10274

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 College of Nursing
(Recording Location)

on _____
(Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature Ryan Stewart

Address 360 N. 100E. City Bountiful

State UT Zip code 84010

Date: 1 / 17 / 17

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: ____ / ____ / ____

JoVE Participant Release Form

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Participant Name: Ryan Stewart

Project Title: #10288 Preparing & Admin. secondary Intermittent

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 College of Nursing

(Recording Location)

on _____

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Ryan Stewart

Address 360 N. 100E. City Bountiful

State UT Zip code 84010

Date: 01/17/17

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: ____/____/____

JoVE Participant Release Form

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Participant Name: PATRICK MURPHY

Project Title: #10178 DISC. IV FLUIDS AND P. IV.

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 College of Nursing
(Recording Location)

on 1/15/17
(Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature [Signature]

Address 6142 WILKIE FIELD WAY City SCC

State VT Zip code 84118

Date: 1/15/17

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: ____/____/____

JoVE Participant Release Form

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Participant Name: Patrick Murray

Project Title: #10234 SUBUTANEDOUS MEDICATION

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 COLLEGE OF NURSING

(Recording Location)

on 1/15/17

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature [Signature]

Address 6142 WAREFIELD Way City SEC

State MA Zip code 02118

Date: 1/15/17

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: ____/____/____

JoVE Participant Release Form

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Participant Name: Patrick Murphy

Project Title: #10277 Primary Intermittent IU w/intermittent pump

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 Colege of Nursing
(Recording Location)

on 11/29/2016
(Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature [Signature]

Address 6142 Wincefield way City Sec

State TX Zip code 84118

Date: 11 / 29 / 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: ____/____/____

JoVE Participant Release Form

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Participant Name: Patrick A. Murphy

Project Title: #10261 IM. INJECTIONS

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 COLLEGE OF NURSING
(Recording Location)

on 12/30/2016
(Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature [Signature]
Address 6142 WAREFIELD WAY City SLC
State UT Zip code 84118
Date: 12/30/2016

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: ____/____/____

JoVE Participant Release Form

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Participant Name: Patrick Murphy

Project Title: #10262 Administering IV drug med

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 College of Nursing

(Recording Location)

on _____

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature _____

Address 6142 Wakefield Way City SCC

State VT Zip code 84118

Date: 1/15/2017

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: ____/____/____

JoVE Participant Release Form

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Participant Name: PATRICK MURPHY

Project Title: # 10264

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 COURSE OF NURSING

(Recording Location)

on _____

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature [Signature]

Address 6142 WAKEFIELD WAY City SCC

State UT Zip code 84116

Date: 1/15/2017

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: ____/____/____

JoVE Participant Release Form

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Participant Name: Madeline Lassche

Project Title: #10265 Flushing IV
#10265

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 College of Nursing
(Recording Location)

on _____
(Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature [Signature]

Address 148 S. Monong West Ln City Kayceville

State UT Zip code 84037

Date: ____/____/____

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: ____/____/____