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: Stephen Marko

Project Title: CVC Insertion - Subclavian

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 Yale Sim Center (Recording Location) on 8/26/16 (Date)

By: Aaron Kolski-Andreaco (Producer) For: The Journal of Visualized Experiments (JoVE) (Producing Organization)

Participant Signature _____

Address 910 State St City New Haven

State CT Zip code 06511

Date: 8/26/16

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: ____/____/____