

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: Ethan Cohen

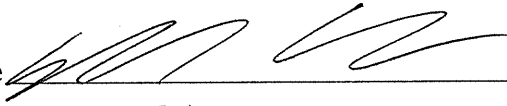
Project Title: 10297 - Physiological correlates of emotion recognition
10299 - Voxel based morphometry
10270 - TMS
10301 - Anterograde Amnesia

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 USC Brain & Creativity Institute on 6-15-16
(Recording Location) (Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature 

Address 2401 Sharon Oaks Drive City Menlo Park

State CA Zip code 94025

Date: 6 / 24 / 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: Jonathan Linares

Project Title: 10301 - Anterograde Amnesia

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 BCI at USC

(Recording Location)

on 6-15-16


(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature 

Address 14420 El Camino Ave. City Paramount

State CA Zip code 90723

Date: 06/14/16

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: Matthew Sachs

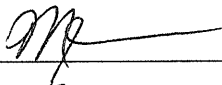
Project Title: 10299- Voxel Based Morphometry

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 USC Brain & Creativity Institute on _____
(Recording Location) (Date)

By: Aaron Kolski-Andreaco
(Producer)

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

Participant Signature 

Address 4218 W 1st Street City Los Angeles

State CA Zip code 90004

Date: 06 / 14 / 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: ____/____/____