

Talent Release Form

Talent Name: Jessica Coopersider Project Title: Performing Behavioral Tasks in Subjects with Intracranial
Electrodes

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 The Cleveland Clinic Foundation on 5/20/14

(Recording Location)

(Date)

by _____

for JOVE

(Producer)

(Producing Organization)

Talent's signature Jessica Coopersider

Address 11851 Lake Ave City Lakewood

State OH Zip code 44107

Date: 5/20/14

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian _____

(sign/print name)

Address _____ City _____

State _____ Zip Code _____

Date: ____/____/____