

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: Breting Ano Nieto

Project Title: Visual analysis of human video electrode recordings in drug-resistant Temporal Lobe epilepsy patients

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 Hospital de La Piedad on 19/9/16

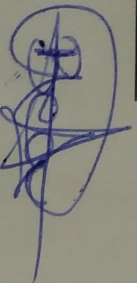
(Recording Location)

(Date)

By: Aaron Kolski-Andreaco

For: The Journal of Visualized Experiments (JOVE)

(Producer)



(Producing Organization)

Participant Signature _____

Address Calle Diego de Leon 82 City Mexico

State Mexico Zip code 28006

Date: 19/9/16

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

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: Miguel Beltrán Reyes

Project Title: Neural analysis of human vocal electrode recording in drug-resistant temporal lobe epilepsy patients

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 Hospital de la Piedad on 19/9/16

(Recording Location)

(Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature _____

Address Calle Diego de León 62 City Madrid

State Madrid Zip code 28006

Date: 19/9/16

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: EVA DE DIOS TOMÁS

Project Title: Neural analysis of human vocal electrode recordings in drug-resistant temporal lobe epilepsy patients

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at HOSPITAL LA PRINCESA, MADRID on 09/19/2016
(Recording Location) (Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature _____

Address C/ SAN GERARDO, 33 City MADRID

State ESPAÑA Zip code 28035

Date: 09/19/2016

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

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: SONIA ESPÓSITO CARRATO

Project Title: Network analysis of human evoked electrode recordings in long-term seizure-free epilepsy patients.

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 HOSPITAL DE LA MINERVA on 19/09/2016

(Recording Location)

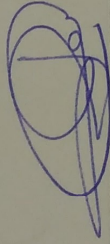
(Date)

By: Aaron Kolski-Andreaco

For: The Journal of Visualized Experiments (JoVE)

(Producer)

(Producing Organization)



Participant Signature _____

Address C/ SANTA TERESA, 15. City MADRID

State ESPAÑA Zip code 28002

Date: 19/09/2016

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: Belu Glor, Beluco
Project Title: Network analysis of foramen ovale electrode recordings in drug-resistant temporal lobe epilepsy patients

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 Hospital de la Piedad on 19/9/16
(Recording Location) (Date)

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

Participant Signature _____
Address Calle Diego de León, 62, City Medell
State Medell Zip code 20006
Date: 19/9/16

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: ____/____/____