

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: NOURRY Sarah

Project Title: Shoot 54889

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.

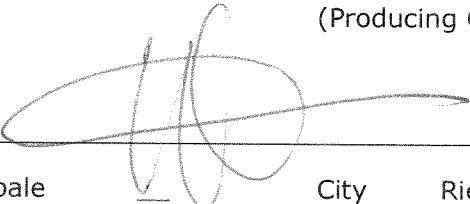
at Karlsruhe on 03. 02. 2017
(Recording Location) (Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature 

Address 37 rue principale City Riedseltz

State FRANCE Zip code 67160

Date: 03/02/2017

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: ____/____/____