

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: Emmanuel Ortega

Project Title: Assessment of Child Anthropometry in a Large Epidemiologic Study

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 Fenway Landmark center on 10/19/14  
(Recording Location) (Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature Emmanuel Ortega

Address 40 Park Dr, Suite 401 City Boston

State MA Zip code 02215

Date: 10/18/14

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

Legal guardian

[Signature]

(Signature)

Marilyn Ortega

(Printed name)

Address 401 Park Dr, Suite 401 City Boston

State MA Zip Code 02215

Date: 10/18/14

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Participant Name: Nicole Witham

Project Title: Assessment of child Anthropometry in a Large Epidemiologic Study

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at Fenway Landmark Center on 10/19/16  
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Participant Signature

Address 401 Park Dr, Suite 401E City Boston

State MA Zip code 02215

Date: 10/18/16

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Legal guardian \_\_\_\_\_

(Signature)

(Printed name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Participant Name: Marleny Ortega  
Project Title: Project Administrator / phlebotomist  
Assessment of Child Anthropometry in a Large  
Epidemiologic Study

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at Fenway Landmark Center on 10/19/16  
(Recording Location) (Date)

By: Aaron Kolski-Andreaco

(Producer)

For: The Journal of Visualized Experiments (JoVE)

(Producing Organization)

Participant Signature M Ortega

Address 401 PARK Drive City Boston  
State MA Zip code 02115

Date: 10/18/16

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: \_\_\_\_/\_\_\_\_/\_\_\_\_