## Talent Release Form

Talent Name: <u>M</u> of Hepatocytes Ex V	<u>ሰይ ሥራι እካ</u> ዊ Project Title: ivo for Autologous Transpla	Lentiviral Ventation of Sw	ctor-Mediated Gene Therapy ine
the use (full or in pa and/or written extra	rt) of all videotapes taken of	f me and/or r f such recordi	deration or compensation to ecordings made of my voice ngs or musical performance my manner.
at _Mayo Clinic, Med	Sci Bldg		on _11-Sep-2018
(Recording Location	n) (Date)		
hy Violet Acevedo		for IoVE	
(Producer)	(Producing Organization)		
	In May		
Talent's signature_			-
Address <u>Mayo</u>	Clinic City R	desler.	
State MN	Zip code 555905		
Date: <u>09/11/18</u>			
	<del></del>		
If the subject is a mi is done:	nor under the laws of the st	ate where mo	deling, acting, or performing
Legal guardian			
(sign/print name)			
Address	City		
State	Zip Code		
Date://			