

Talent Release Form

Talent Name: _____ Project Title: _ Lentiviral Vector-Mediated Gene Therapy of Hepatocytes Ex Vivo for Autologous Transplantation of Swine _____

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 _Mayo Clinic, Med Sci building_____ on _28-Aug-2018_____

(Recording Location) (Date)

by _Violet Acevedo for __JoVE_____

(Producer) (Producing Organization)

Talent's signature Caitlin Van Rilla

Address 171 Grandville Rd SW #123 City Rochester

State MN Zip code 55902

Date: 08/23/18

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: ____/____/____