

Talent Release Form

Talent Name: \_\_Kristian Krause\_\_

Project Title: \_\_JoVE shoot 58997 Visualization of Physical Activity\_\_

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 \_\_Greifswald\_\_ on \_\_9 January 2019\_\_

(Recording Location) (Date)

by \_\_Sympathiefilm GmbH\_\_ for \_\_JoVE\_\_

(Producer) (Producing Organization)

Talent's signature 

Address Guetzkow Street City Greifswald

State Germany Zip code 17489

Date: 1/9/19

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

Talent Release Form

Talent Name: \_\_Diana Gürtler\_\_

Project Title: \_\_JoVE shoot 58997 Visualization of Physical Activity\_\_

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at \_\_Greifswald\_\_ on \_\_9 January 2019\_\_

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(Producer) (Producing Organization)

Talent's signature 

Address  City 

State  Zip code 

Date: 

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

Talent Release Form


Talent Name: Andreas Staudt

Project Title: JoVE shoot 58997 Visualization of Physical Activity

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at Greifswald on 9 January 2019  
(Recording Location) (Date)

by Sympathiefilm GmbH for JoVE  
(Producer) (Producing Organization)

Talent's signature   
Address Neunmorgenstr. 24 City Greifswald  
State Germany Zip code 17489  
Date: 09/01/2019

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