

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: SNOW RACH

Project Title: Statistical Modelling of Cortical Connectivity using Non-invasive Electroencephalogram

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 Trinity Centre for Health Sciences on 24/09/2019
St James Hospital (Recording Location) (Date)

By: Dipesh Navani, PhD
(Producer)

For: The Journal of Visualized Experiments (JoVE)
(Producing Organization)

Participant Signature Snow Rach

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Date: 24/09/2019

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: ____/____/____