

Publicity Consent Release Form

The undersigned hereby gives MyJoVE Corporation ("JoVE") permission to use its name, and/or any content or material prepared, distributed or presented by the undersigned or any of its officers, employees or agents, or as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made in connection with the undersigned's participation in certain programs sponsored by JoVE. JoVE may use any and all such information provided to it by the undersigned for any purpose consistent with JoVE's business. These uses include, but are not limited to illustrations, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. The undersigned warrants that it will not receive any compensation for such use and hereby releases JoVE and its agents, successors and assigns from any and all claims which arise out of or are in any way connected with such use.

The undersigned has read and understood this consent and release.

The undersigned hereby give its consent to MyJoVE Corporation as set forth above.

Signature: _____

Title: _____ Associate Professor _____

Company: _____ UConn Health _____

Print Name: _____ Archana Sanjay _____

Date: _____ 12/5/2024 _____