

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: ~~Hao Han~~ Hao Han Wang (王浩瀚)

Project Title: Ultrasound-guided Acupotomy Release with Biomechanical Assessment for Trapezius Myofascial Pain Syndrome

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 ~~Room~~ 917-918, 9th Floor, Tower A, on TBD

(Recording Location) Beichen Century Center, (Date)
Chaoyang District, Beijing, China.

By: Anastasia Gomez
(Associate Director of Production)

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

Participant Signature Hao Han Wang

Address _____ City _____

State _____ Zip code _____

Date: 2015/5/15

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: ____/____/____

