



MuBoJo Project
PHOTO RELEASE CONSENT FORM

I give my permission to World Spine Care to use photographs and video recordings of me, without compensation, for use in scientific presentations or publications related to the muscle, bone and joint (MuBoJo) project.

I further agree to hold World Spine Care free and harmless from all claims arising from use of said photographs and video recordings when used within the scope described above.

Dated this _____ day of _____, 20____

Print Name

Witness Print Name

Signature

Witness Signature

I understand if I have questions about the MuBoJo project, I can contact the lead researcher, Dr. Maria Hondras, at +267 7679 2761 or by talking with staff at the World Spine Care Clinic to contact her. If I have questions about my rights as a research participant, I can contact Mr. Pilate Khulumani, Botswana Ministry of Health representative at +267 391 4467.

Thank you for your allowing us to record your photograph for this research study.

With best wishes

A handwritten signature in blue ink, appearing to read "Maria Hondras".

Dr. Maria Hondras
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