

## Release Form

I, \_\_\_\_\_, am a participant in The Owensville Historical Society Oral History Project (hereinafter "the Project"). I understand that the purpose of the Project is to collect audio- and video-taped oral histories of people as well as selected related documentary materials (such as photographs and manuscripts) that may be deposited in the permanent collections of the Owensville Historical Society (hereinafter "the Society"). The deposited documentary materials will serve as a record of my personal experiences; and may be used for scholarly and educational purposes. I understand that the Society plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the Society and its activities in any medium.

I hereby grant to the Society ownership of the physical property delivered to them and the right to use the property that is the product of my participation (for example, my interview, performance, photographs, and written materials) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the Society my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the Project to be used, published, and copied by the Society and its assignees in any medium.

I agree that the Society may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Society, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_