INTERVIEWER’S RELEASE

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

I, __________________________________________, am a participant in the Veterans History Project (hereinafter "VHP"). I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America’s war veterans and selected related documentary materials such as photographs and manuscripts that may be deposited in the collections of the State Historical Society of North Dakota. The deposited documentary materials will serve as a record of American veterans’ wartime experiences; and may be used for scholarly and educational purposes. I understand that the State Historical Society of North Dakota plans to retain the product of my participation as part of its 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 State Historical Society of North Dakota and its activities in any medium.

I hereby grant to the State Historical Society of North Dakota ownership of the physical property delivered to the Society 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 State Historical Society of North Dakota my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the State Historical Society of North Dakota and its assignees in any medium.

I agree that the State Historical Society of North Dakota 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 State Historical Society of North Dakota, 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.

I agree that the State Historical Society of North Dakota may deposit these materials or copies thereof with the Library of Congress and other repositories and that all items agreed to above shall apply equally to those institutions.

ACCEPTED AND AGREED

Signature__________________________________________ Date____________
Printed name_______________________________________________________
Address___________________________________________________________
______________________________________________ZIP_ _ _ _ _ - _ _ _
Telephone (        )   ________-_________