

# ORAL HISTORY STORYTELLING BOOTH

## Deed of Gift & Consent Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Please provide an email address if you want to be provided with a copy of the recording.**

I, \_\_\_\_\_, consent to the recording of any conversations and interviews that I participate in for the above referenced oral history. I hereby grant, give, and transfer to the ARCHIVAL REPOSITORY the interview recorded on \_\_\_\_\_, and subsequent products and transcriptions thereof, as an unrestricted gift. I transfer to the YOUR ORGANIZATION legal title and all literary property rights, including copyright, and understand that the interviews will be deposited at the ARCHIVAL REPOSITORY, where it shall be made available to the public. This gift does not preclude any use that I may wish to make of the information in the recordings. I reserve the right to use the tapes and transcripts, and their contents, as a resource for any product of which I am the author or co-author.

I grant to the ARCHIVAL REPOSITORY the rights to use all or part of my recording, or any paraphrase; to describe and portray, in whole or part, me and any events or biographical information about me, and for the promotion of this oral history. I agree that I have no claim of any kind arising out of such use.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

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