Oral History Project Interviewer Release Form

I, _____, am a participant in the America Century Project. I understand that the purpose of the American Century Project is to collect audio- and video-recorded oral histories as part of a class project. The documentary materials that include a bound copy of the transcript and supporting materials, interview tapes and recordings and visual image of my museum exhibition may be deposited in the permanent collections of the St. Andrew's Episcopal School library. The deposited documentary materials will serve as a record of individual experiences and may be used for scholarly and educational purposes. I understand that responsibility for reproduction, distribution, display, and the creation of derivative works will be at the discretion of the librarian, archivist and/or project coordinator. I also understand that the tapes and transcripts may be used in public presentations including, but not limited to, books, audio and video documentaries, Power Point presentations, exhibitions, articles, public performance, or presentation on the World Wide Web at the project's web site www.americancenturyproject.org or successor technologies.

I herby grant to St. Andrew's Episcopal School and library ownership of the physical property delivered to the library and the right to use the property that is the product of my participation (for example my interview and additional written materials, photographs) 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 the St. Andrew's Episcopal School library and project coordinator my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of the my participation in the American Century Project to be used, published, and copied by the St. Andrew's Episcopal School library and its assignees in any medium.

I release St. Andrew's Episcopal School and library and project coordinator, 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 of Interviewer/Student Date

_____
Type or Print Name

_____

_____

_____
Address

_____ _____
Signature of Parent or Guardian (if interviewer is a minor) Date

_____
Type or Print Name of Parent or Guardian