



Interviewee's Release Form

I, _____, am an interviewee for a folklore project being done by a student at Brigham Young University. I understand that the purpose of the project is to collect audio- and video-tapes and selected related documentary materials (such as photographs and manuscripts) that may be deposited in the collections of the Wilson Folklore Archives, Brigham Young University. The deposited documentary materials may be used for scholarly, educational, and other purposes. I understand that the Wilson Folklore Archives 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 institution and its activities in any medium.

I hereby grant to the Wilson Folklore Archives, Brigham Young University ownership of the physical property delivered to the institution 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 the Wilson Folklore Archives, Brigham Young University, 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 Wilson Folklore Archives, Brigham Young University in any medium.

I further permit copies of the above listed materials to be made available for educational purposes to local, state, and national archives, websites, or databases at the discretion of the Wilson Folklore Archives, Brigham Young University.

I agree that the Wilson Folklore Archives, Brigham Young University 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.

ACCEPTED AND AGREED

Signature _____ Date _____

Printed Name _____ Phone () _____

Address _____

_____ Zip _____

Email _____