

[insert your letterhead information here:

Full name

Address

Phone

Email address]

INTERVIEW AGREEMENT FORM

By signing this form, you give [interviewer name] permission to archive and preserve your oral history interview.

Date of Interview:

Interviewer Name

Name of Person

Interviewed:

Mailing Address:

Phone:

Email Address:

Date of Birth:

Occupation:

In consideration of the recording of my interview, I, _____, consent to the recording and use of my statements, voice, image, and name in connection with the interview (collectively the "Interview"), and I grant equally and wholly to [Interviewer Name] as well as its assigns, licensees, and successors a nonexclusive license to separately or jointly publish, use, and sublicense all or any portion of the Interview, photographs, videotapes, and/or source records [Interviewer Name] has taken or made of me on this date or in which I may be included for use in publicity, advertising, research, websites, publications, exhibitions, broadcasting, reproductions in existing and future media formats or for any other lawful purpose in conjunction with my own or a fictitious name throughout the world and in perpetuity.

By granting [Interviewer Name] the above nonexclusive license, I do not give up any copyrights that I may hold in the Interview nor obligate [Interviewer Name] to use the rights granted.

I waive all claims for any compensation for such use and release [Interviewer Name] from all claims that I could assert in connection with use of the Interview. I agree to indemnify [Interviewer Name] from any misuse of the Interviews. These claims include but are not limited to defamation, violations of the right of privacy or the right of publicity, copyright infringement, and include liabilities, damages, and expenses.

I have read the above consent, grant, and release prior to its execution and am fully familiar with and understand the above terms.

I agree to the terms described above.

Signature

Date