The Allen County Public Library Genealogy Center's Life Stories Release and Consent Form

("Interviewee") and ("Interviwer") each agree to participate in the Allen County Public Library's Life Stories Program (Program) under the following conditions.

I understand that the purpose of the Program is to create and collect mostly digital audio- and some digital visual-taped life stories/oral histories, and associated transcriptions, of Allen County residents and those associated with Allen County residents (collectively, "Documentary Materials"). The Documentary Materials will serve as a record of Allen County residents' life experiences, and will be used for scholarly, research and educational purposes, or in any manner deemed in the best interests of the Allen County Public Library (ACPL) in preserving and presenting Allen County, Indiana's local, community, and social history. I understand that the Documentary Materials may become part of the permanent collection of the ACPL, and may also be included in the collections of the organizations with which the ACPL may partner.

I hereby grant to the ACPL all rights, title and interest in and to the Documentary Materials, including any copyright interest I may hold in the Documentary Materials in any and all media now known or hereafter developed. Notwithstanding the foregoing, the Interviewee shall not be restricted from retelling, publicly performing, memorializing in print, film or other media, or otherwise exploiting, the subject matter underlying the Documentary Materials.

I agree that the ACPL and/or its designees as well as its current and future partners, may use my biographical information, my image or likeness, statements, performance or other personal identifying features without further approval on my part, in any and all media now known or hereafter developed, provided such use is consistent with the informational, educational, scholarly, research, and marketing purposes of ACPL or its designee(s).

I hereby release the ACPL, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of the Documentary Materials including, but not limited to, any claims for defamation or violations of my rights or privacy and/or publicity.

Interviewee Signature __________________________________________ Date ______________________

Interviewer Signature __________________________________________ Date ______________________

Accepted on behalf of the ACPL Genealogy Center Life Stories Program by:

_________________________________________ Date ______________________
Name of person being interviewed/Interviewee: ________________________________

Address: ________________________________________________________________

City, State, Zip: __________________________________________________________

Telephone: __________________________________________________________________

Email: _____________________________________________________________________

Name of person interviewing/Interviewer: ________________________________

Address: ________________________________________________________________

City, State, Zip: __________________________________________________________

Telephone: __________________________________________________________________

Email: _____________________________________________________________________