Cache Valley Drug Court Oral History Project

I, ______________________________________, contribute my interview with ______________________________________ (collector) to Utah State University Library’s Special Collections & Archives (hereinafter “SCA”). I understand that the materials that SCA acquires are preserved and made available for scholarly and educational purposes and may be duplicated by/for SCA or affiliates (USU students & faculty, researchers, community members). I understand that SCA plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, promotion, and presentation on the World Wide Web (internet) or successor technology.

I grant to SCA ownership of the physical property of my participation (CD, transcript, wave file, photograph(s), video, etc.) delivered to SCA 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 hold.

I also understand that USU will donate a copy of the interview CD and transcript (or on-line links) to the Utah State Historical Society for preservation and access to the public for education and research purposes.

I also grant to SCA my consent for the use of my name, any photograph(s) or video, performances, sound effects, and voice reproduction provided by me or taken of me in the course of my participation in the interview to be used, published, and copied by SCA and its affiliates, unless noted, without further approval on my part.

I release SCA, and its affiliates, 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 privacy.

ACCEPTED and AGREED

Participant Signature _______________________________________ Date _____________

Printed Name of Participant ______________________________________________________

Interviewer Signature _______________________________________ Date _____________

Printed Name of Interviewer ______________________________________________________

Participant Address ______________________________________________________________

City ______________________________ State ___________ ZIP __________

Participant Telephone (_____) __________________ E-mail (optional) ______________________

Restrictions: ______________________________________________