

Interviewer's Release Form

(See reverse for Veteran's Release Form)

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, COURT REPORTERS AND PHOTOGRAPHERS
(Please check the appropriate category.)

Interviewer Recording Operator/Court Reporter Photographer

I, _____, am a participant in the Illinois Veterans History Project (hereinafter "VHP") of the Illinois State Library (a division of the Office of the Illinois Secretary of State). I understand that the purpose of the VHP is to collect audio- and video-recorded oral histories of America's war veterans and of those who served in support of them, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Illinois State Library. These oral histories and related materials serve as a record of American veterans' wartime experiences and as a scholarly and educational resource for Congress and the general public.

I understand that the Illinois State Library plans to retain the product of my participation in the VHP, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of their permanent collections.

I hereby grant to the Illinois State Library ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Illinois State Library, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold.

I hereby release the Illinois State Library, and their assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity.

Should any part of My Collection be found to include materials that the Illinois State Library deems inappropriate for retention with the collection or for transfer to other collections in the Illinois State Library, the Illinois State Library may dispose of such materials in accordance with their procedures for disposition of materials not needed for their collections.

ACCEPTED AND AGREED

Signature: _____ Date: _____

Printed Name: _____

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

_____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Name of Veteran: _____

Partner Organization Affiliation (if any): _____

Illinois Veterans History Project