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**Interviewer’s Release Form & Gift Agreement**

 **To be Completed by any/all Interviewers, Recording Operators, and Photographers**

 **Present (please circle one).**

I, , am a participant in the Veterans History Project (hereinafter **“VHP”**) of the Library of Congress American Folklife Center. I understand that the purpose of the VHP is to collect audio- and video- recorded oral histories of America’s war veterans, as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of Archives & Special Collections, UConn Library (“ASC”). These oral histories and related materials serve as a record of American veterans’ wartime experiences and military service and as a scholarly and educational resource for the University of Connecticut and the general public.

I understand that the ASC 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 its permanent collections.

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

I acknowledge that upon signing this Form, My Collection irrevocably becomes the property of the University of Connecticut and that the disposition of My Collection is at the University’s sole discretion. Should any part of My Collection be found to include materials that ASC deems inappropriate for retention, ASC may dispose of such materials in accordance with its procedures for disposition of materials not needed for its collections.

Upon execution and delivery of this Form to the University of Connecticut, I agree to indemnify, defend, and hold harmless the University of Connecticut, its governing board, the State of Connecticut and their officers, employees, agents, representatives, successors and assigns from any and all liability, claims, damages, losses, penalties, injuries and/or expenses (including attorney’s fees) arising from or relating to conduct that would be a breach of my/our warranties or representations herein.

I represent and warrant that I have the full right, power and authority to give My Collection to the University and that the information I have provided herein is accurate.

# Accepted and Agreed

Signature: Date:

 Printed Name:

 **Archives & Special Collections**

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_