

# Hurricanes Research Project

## Interviewer's Release Form

TO BE COMPLETED BY INTERVIEWERS, RECORDING OPERATORS, AND PHOTOGRAPHERS

I, \_\_\_\_\_, am a participant in a research project to document Hurricanes Katrina and Rita. I understand that these materials I gather will be deposited as part of the permanent collection of the Library of Congress American Folklife Center. I understand that I can designate a Gulf Coast regional archive where the interview will be co-deposited. I prefer the following archive:

\_\_\_\_\_  
Name of Archive/Library      Institution      City      State

I understand that the American Folklife Center and the above co-depository plan to retain the product of my participation as part of permanent collections and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, a searchable online database, and for promotion of activities in any medium.

I hereby grant to the Library of Congress and the above co-depository above ownership of the physical property 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. I also grant to the Library of Congress and the above co-depository my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in this interview to be used, published, and copied by the Library of Congress, the co-depository, and their assignees in any medium. **By giving permission, I understand that I do not give up any copyright or performance rights that I may hold. I retain the right to use the materials from the interview I conducted.**

I agree that the Library of Congress and the co-depository may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part. I release the Library of Congress, the co-depository, and their assignees and designees, 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 publicity.

### ACCEPTED AND AGREED:

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

Printed Name \_\_\_\_\_ Interviewee's name(s) \_\_\_\_\_

Signature of Parent or Guardian (if interviewer is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Sponsoring institution (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Phones (\_\_\_\_) - \_\_\_\_\_ ; (\_\_\_\_) - \_\_\_\_\_ ; Email \_\_\_\_\_