

Veteran’s Release Form

TO BE COMPLETED BY VETERAN OR CIVILIAN (In cases of deceased veterans, to be completed by the donor of the material.)

I, _____, am a participant in the Brockway Area Historical Society’s (hereinafter BAHS) Veterans History Project (hereinafter “VHP”). I understand that the purpose of the VHP is to collect archives 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) that may be deposited in the permanent collections of the BAHS at the Taylor Memorial Museum. The deposited documentary materials will serve as a record of the Brockway Area veterans’ wartime experiences; and may be used for scholarly and educational purposes. I understand that the Taylor Memorial Museum plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies.

I also grant to the BAHS my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the VHP to be used, published, and copied by the BAHS.

I agree that the BAHS may use my name, video, or photographic image or likeness, oral history tapes, manuscripts, articles without further approval on my part.

I release the BAHS, and its 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 _____

Address _____

City _____ State _____ ZIP _____ - _____

Telephone (_____) - _____ Email _____