



I _____, (informant) consent to be interviewed by

_____ (collector) a Brigham Young University student enrolled in a folklore class. I understand that the purpose of this interview is to collect documentary materials (such as photographs, audio and visual recordings, and manuscripts) that may be deposited in the collections of the Wilson Folklore Archive at Brigham Young University. Submitted material may be transcribed, duplicated, and/or reformatted for maximum accessibility and long-term preservation. I understand that the Wilson Folklore Archive plans to retain the product of my participation as part of its collection and the materials may be used for research, exhibition, publication, and presentation on the library website, associated platforms, the internet and successor technologies and for the promotion of the institution and its activities in any medium whether now known or yet to be discovered.

I hereby grant to the William A. Wilson Folklore Archives at Brigham Young University ownership of all materials delivered to the institution and the right to use the property that is the product of my participation (for example my recorded 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 may hold.

I also grant the Wilson Folklore Archive at Brigham Young University my absolute and irrevocable consent for any photograph(s) or video performance, sound effects, and voice reproductions provided by me or taken of me in the course of my participation in the interview to be used, published, and copied by the Wilson Folklore Archives and its affiliates in any medium, unless noted, without further approval on my part.

We (informant and collector) release the Wilson Folklore Archive, 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

(Note: Whether you electronically type your name in the signature space below or print this form and sign by hand, you are appending your signature to this document and agreeing to the above conditions)

Participant Signature _____ Date _____

Printed Name of Participant _____

Parent/Guardian Signature (If participant is a minor) _____ Date _____

Printed Name of Parent/Guardian _____

Participant Address _____

City _____ State _____ Postal Code _____

Participant Telephone _____ E-mail _____

Restrictions: _____

In the event of publication or public presentation, I would prefer that actual names be withheld.

Interviewer Signature _____ Date _____

Printed Name of Interviewer _____

Exhibits to be included

Exhibit A _____

Exhibit B _____

Exhibit C _____

Exhibit D _____

Participant Signature _____ Date _____

Interviewer Signature _____ Date _____