



The University of Central Florida Community Veterans History Project

I am a participant in the Regional Initiative for Collecting the History Experiences and Stories of Central Florida (RICHES of Central Florida), an initiative based out of the University of Central Florida History Department, Public History Program to collect, preserve, and present the history of Central Florida. I understand that collecting oral histories of veterans for use in the classroom, public programs, exhibits, websites, DVDs, and other formats is an important component of the initiative. I am aware that RICHES of Central Florida will house the finished product of my interview and any accompanying artifacts, and that my oral history may also become part of the Library of Congress Veterans History Project. I transfer to the RICHES of Central Florida project directors and distributors all copyright interests to my interview and accompanying materials.

I grant RICHES of Central Florida the right to exhibit and reproduce my oral history interview and accompanying materials, including photographs, drawings, videos, 3-D artifacts, letters and other documents (hereinafter "My Collection") in any print, digital or other media format. Formats may include but are not limited to publications, exhibits, displays, advertisements, podcasts, the internet, mobile phone applications, or DVDs. I understand that My Collection will be archived and available for exhibition and reproduction by researchers who are not part of RICHES of Central Florida. By signing this form, I acknowledge and understand that My Collection may be reproduced by researchers who are not part of UCF, in any media format, publicly or privately.

My participation in this oral history interview is voluntary, and if I choose not to participate or withdraw from the program at any time, it will not result in any repercussions. I do not expect and will not receive monetary compensation for exhibition or reproduction of my My Collection. I understand that this release will apply to my heirs and any personal representatives.

I waive any rights, claims, or interest that I may have to control the use of My Collection, including the right to approve its use before appearing in public. I relinquish and transfer to RICHES of Central Florida (1) all legal and literary property rights that I have or may be deemed to have in My Collection and works derived therefrom; and (2) all my rights, title and interest in copyright which I have or may be deemed to have in My Collection and works derived therefrom. I have read and understood the above statement, and am competent to execute this consent and release.

Interviewee Name:

Interviewer Name:

Signature:

Signature:

Address:

Address:

Email:

Email:

Date:

Date:

I am interested in donating historical objects, such as photos, letters, drawings, or medals.