



ORAL HISTORY CONSENT AND RELEASE FORM

I _____ have been invited to participate in an oral history research interview for Portland Museum, conducted by _____ on ___/___/___ at _____.

The purpose of this interview is to record my memories of _____.

I will be free to decline to answer any question that makes me uncomfortable. Moreover, I have the right to stop the recording at any time with no negative consequences.

RECORDING RELEASE

I hereby consent to and authorize the use, reproduction, and archival storage by Portland Museum of the audio recording capturing my oral history research interview. I agree that Portland Museum may publish this recording with or without my name for any lawful purpose. I understand that there is no assumption of confidentiality attached to my recording, unless I expressly request it (which will be respected to the extent permitted by law). I understand that I will not be compensated for use, reproduction, and archival storage of my recording. I understand that my recording will be stored in the Portland Museum's archive and will therefore be open to loan or transfer to other historical institutions. I understand that my recording will be publicly accessible for research, education, and entertainment. I understand that my recording may be used, reproduced, and archived in an edited form or in segments.

I affirm that my recording is owed to me and my family. I understand that Portland Museum will produce for me, and a secondary contact if requested, a copy of my unedited recording. I understand that this copy will upon completion of the recording be shared virtually and/or physically on a storage device and will be virtually reproduced by Portland Museum upon request.

I have read and understand the above:

Signature: _____ Date: ___/___/___

Printed Name: _____

Address: _____

Email: _____ Phone: _____

Secondary Contact (Optional):

Printed Name: _____

Address: _____

Email: _____ Phone: _____

STORY RELEASE

I hereby consent to and authorize the use, reproduction, and archival storage by Portland Museum, in print or digital format, of all stories given in this oral history research interview. I agree that Portland Museum may publish these stories about me with or without my name for any lawful purpose. I understand that there is no assumption of confidentiality attached to my story, unless I expressly request it (which will be respected to the extent permitted by law). I understand that my stories may be transcribed, upon which that transcription may be used, reproduced, and archived. I understand that I will not be compensated for use, reproduction, and archival storage of this transcript. I understand that this transcript will be stored in the Portland Museum's archive and will therefore be open to loan or transfer to other historical institutions. I understand that this transcript will be publicly accessible for research, education, and entertainment.

I have read and understand the above:

Signature: _____ Date: __/__/__

Signature, parent or guardian (if under age 18): _____ Date: __/__/__

PHOTO RELEASE

I hereby consent to and authorize the use and authorize the use, reproduction, and archival storage by Portland Museum, in print or digital format, of any photographs taken of me for or during the oral history research interview. I agree that Portland Museum may publish these photos of me with or without my name for any lawful purpose. I understand that there is no assumption of confidentiality attached to these photos, unless I expressly request it (which will be respected to the extent permitted by law). I understand that I will not be compensated for use, reproduction, and archival storage of these photos. I understand that these photos will be stored in the Portland Museum's archive and will therefore be open to loan or transfer to other historical institutions. I understand that these photos will be publicly accessible for research, education, and entertainment.

I have read and understand the above:

Signature: _____ Date: __/__/__

Signature, parent or guardian (if under age 18): _____ Date: __/__/__

The Portland Museum agrees to utilize the recording and stories provided by, and the photographs taken of the party above in good faith and for only lawful purposes.

I have read, understand, and consent to the above releases:

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____