

**QUEENS MEMORY**  
**Informed Consent and Copyright Permission**  
**For Oral History Interviews, Images, and Personal Documents**

**Participant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby certify that I am at least eighteen years of age (if under the age of eighteen, consent must be signed by parent) and I voluntarily agree to share my interviews, images, and personal documents with the Queens Borough Public Library (the "Library"), as part of the Library's Queens Memory program to document life in the Borough of Queens, City of New York.

I understand that the following items may be created from an interview I share:

- an audio and/or video recording;
- an edited transcript and summary;
- edited audio/video clips;
- a photograph of me;
- copies of any personal documents or additional photos that I wish to share

I understand that my interview (and other items listed above) may be distributed to the public for educational purposes, including formats such as print, public programming, and the Internet.

I agree to freely share my interview (and other items listed above) under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License, available at the following site: <http://creativecommons.org/licenses/by-nc-sa/3.0/legalcode>, the terms of which I have read, reviewed, understood, and accept. I also waive any right to inspect or claim any form of remuneration for the Library's use of the transferred file(s) in any Library publication, any other form of media published by the Library or any newspaper or other commercial media outlet.

Further, I agree to hold the Queens Borough Public Library, its affiliates, and their respective trustees, directors, employees, agents or assigns harmless from any claim, action, loss, damage or alleged infringement of any copyright, trademark, or other third-party property rights, caused by or arising from the publication, exhibition or telecast of my interview, audio and/or video recordings, photograph or copy

of my personal documents submitted to the Queens Borough Public Library under these terms and conditions.

I understand that I shall receive no compensation for the material I share. In return, Queens Memory agrees to send one free copy of the interview recording, transcript, and related items to me at my address above.

Any exceptions to this agreement [such as a request for anonymity] must be listed below:

Permission granted:

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

Questions?

Contact Queens Memory Director, Natalie Milbrodt, 718-990-0837; [Natalie.Milbrodt@queenslibrary.org](mailto:Natalie.Milbrodt@queenslibrary.org)

*Reminder: Sign TWO copies: one stays with the participant, and the other returns to Queens Library.*