**FOR PROJECT TEAM**

**USE ONLY**

* Form reviewed for legibility (Initials of

reviewer: \_\_\_\_\_\_)

* Contributor provided with numbered nametag

**EVENT NUMBER: \_\_\_\_\_\_\_\_\_ CONTRIBUTOR NAMETAG NUMBER: \_\_\_\_\_\_\_\_\_\_**

Contributor Name (Chosen or Preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your connection to your community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for sharing your items and stories with the [PROJECT NAME]. To build this publicly accessible resource, it is important that we be able to use the items, photographs, videos, and text we gather without having to negotiate permissions with each Contributor. Please read and sign the agreement below, which allows us to use your contributions in a variety of ways, while at the same time protecting your individual ownership and publication rights.*

**EVENT PARTICIPATION RELEASE**  
I do hereby give [INSTITUTION NAME], its assigns, licensees, and legal representatives the irrevocable right to use my name, image and voice in all forms and media and in all manners, including composite representations, and advertising and other lawful purposes, and I waive any right to inspect or approve the finished product including written copy, that may be created in connection therewith.

**NON-EXCLUSIVE PERMISSION**

I hereby grant permission to [INSTITUTION NAME], its assigns, licensees and legal representatives to copy, display and distribute scanned or copied items identified by the Event Number and Contributor Nametag Number on this sheet for educational and non-commercial purposes, and to incorporate the scanned or copied items in whole or in part into derivative works, and to subject all collected items and data to digital preservation efforts, including but not limited to, creating multiple copies and storing them in publicly available storage systems. I retain all other rights to these photos, including without limitation, the right to copy, distribute, publish, display or modify the images, and to transfer, assign or grant license of any such rights.

* I am of full age (18 years of age or older). I have read this release and am fully familiar with its contents.
* I am under 18 years of age. *A parent or legal guardian must sign form if Contributor is under 18 years of age. See below.*

\_ \_\_\_s'y of Massachusetts BostonSigned (Contributor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributor’s Legal Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If Contributor is under 18 years of age, please complete the following.*

Signed (Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_