



Southeast Ohio History Center

Permission to Print Form

for Audio, Video, Photographs, Digital Media, and Archival Materials

DESCRIPTION: COVID-19 History Collection Project

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

EMAIL: _____

I, (We) _____, being of legal age* hereby consent and authorize the Southeast Ohio History Center, its successors, legal representative and assignees, to use and reproduce my name and photograph (or photographs) taken by the Southeast Ohio History Center or provided by me, motion picture film, VTR, recording of my voice taken by the Southeast Ohio History Center, its assigned production personnel, myself or selected friend/family member, and to circulate the same for any and all purposes, including publication and advertising of every description, with the completed article to be copyrighted by the Southeast Ohio History Center. I also authorize the Southeast Ohio History Center, or its assigned production personnel to distribute and archive the titles(s), in its entirety, for nonprofit, educational purposes and research via the Internet or successive technologies. I give express permission for the repository to digitize, reproduce, and display audio, photographs, video, and text from the collection online as a part of the repository's digital collection activities to promote educational research by providing electronic copies for personal study and not-for-profit educational uses. I also understand that any photographs, writings, objects, and items given to the Southeast Ohio History Center are no longer under my ownership and are under the ownership of the Southeast Ohio History Center. No representations have been made to me, and I understand that I will receive no payment for my services. No further claim of whatsoever nature will be made by me. I understand that at no time will photos, interviews, or films of me be used in a way slanderous or detrimental to my character. I have reviewed the above information and give my approval for its use in any of the formats listed above.

DATE: _____

(*Signature) _____

* Parent or Guardian if under legal age.

WITNESS (print) _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____