



## **African American Experience Project**

### **Center for Sacramento History & Community Development Department**

### **City of Sacramento**

I, \_\_\_\_\_, am a participant in the African American Experience Project (hereinafter "AAE Project") of the City of Sacramento Community Development Department and the Center for Sacramento History (CSH). I understand that the purpose of the Oral History Component of the AAE Project is to collect audio- and video-recorded oral histories of African American's in Sacramento as well as selected related documentary materials such as photographs and manuscripts, for inclusion in the permanent collections of the Center for Sacramento History. These oral histories and related materials serve as a record of the history of Black/African American citizens of Sacramento and their role in local, state, and national history and as a scholarly and educational resource for CSH and the general public. I understand that the CSH plans to retain the product of my participation in the AAE Project, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials ("My Collection") as part of its permanent collections. I hereby grant to the Center for Sacramento History ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Center for Sacramento History, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials in My Collection in any medium. By giving this permission, I understand that I retain any copyright and related rights that I may hold. I hereby release the Center for Sacramento History, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of My Collection, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity. Should any part of My Collection be found to include materials that the Center for Sacramento History deems inappropriate for retention with the collection, the CSH may dispose of such materials in accordance with its procedures for disposition of materials not needed for the CSH's collections.

ACCEPTED AND AGREED Signature \_\_\_\_\_

Date \_\_\_\_\_ month/day/year

Printed Name  
\_\_\_\_\_



**Written Release Form Full Name of Person Interviewed**

Name of Interviewee (print): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Interview: \_\_\_\_\_

Name of Interviewer & Institution (print): \_\_\_\_\_

Date of Interview: \_\_\_\_\_

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution named above. I give permission for the following (check all that apply):

\_\_\_\_\_ May be used for educational and research purposes at the above institution

\_\_\_\_\_ May include my name

\_\_\_\_\_ May be included in a school publication or exhibit

\_\_\_\_\_ May be included in another educational, nonprofit publication or exhibit

\_\_\_\_\_ Other (explain) \_\_\_\_\_

Signature of Interviewee & Date \_\_\_\_\_