

USC Shoah Foundation

The Institute for Visual History and Education

INTERVIEWEE RELEASE AGREEMENT

Thank you for agreeing to be interviewed by the USC Shoah Foundation – The Institute for Visual History and Education and for permitting the USC Shoah Foundation to add your videotaped interview to its Visual History Archive at the Dana and David Dornsife College of Letters, Arts and Sciences at the University of Southern California.

Established in 1994 by Steven Spielberg to collect and preserve the testimonies of survivors and other witnesses of the Holocaust, the USC Shoah Foundation maintains one of the largest video digital libraries in the world: nearly 52,000 video testimonies in 32 languages and from 56 countries. In addition to preserving the testimonies in its archive, the Institute is working with partner organizations to expand the archive with accounts of survivors and witnesses of other genocides and crimes against humanity. The USC Shoah Foundation believes the testimonies of survivors and other witnesses have a profound educational significance. One of its primary goals is to provide the broadest possible access to the archive around the world and to develop educational products for use in secondary and higher education classrooms by collaborating with other institutions and organizations.

Consistent with these purposes, we may use the interview edited or unedited, by itself or combined with other interviews or with other materials, in any medium including literary, print, audio, audio-visual, computer-based (e.g. Internet) or any other medium now known or created in the future.

USC Shoah Foundation will own the copyright to the interview in each territory throughout the world (including any renewals or extensions), as well as all other rights of any kind to the interview. In addition, you graciously grant the USC Shoah Foundation, our successors and assigns, the right to use the interview, translate the interview, and use your name, photograph, likeness, voice, biography, performances, and photographs, artifacts, documents and other personal material, provided to the USC Shoah Foundation or its agents or assigns at any time by you or on your behalf, throughout the world and in perpetuity, in connection with the uses and media described above. However, we are not obligated to use all or any of the interview, name or personal material in any work.

USC Shoah Foundation will also have the right to license the interview to others who may use the interview in any medium. However, we would only permit the interview to be used in connection with works or projects that we believe have educational or historical value.

By granting the USC Shoah Foundation the rights to your videotaped testimony, we understand that we are not obtaining the exclusive right to your life story, but only the rights to this particular videotaped interview. Therefore, by signing this agreement, you do not give up your right to write books or articles, make motion pictures or film documentaries, make television programs or appear on television shows, appear in other video testimonies for other organizations, lecture about your life or Holocaust or genocide experiences, or prevent you from entering into legal contracts with regard to making any or all of the above.

From time to time, the USC Shoah Foundation is contacted by organizations who want to share information with or collect research information from individuals we have interviewed. Would you like your name and address made available to those organizations which we feel may be of interest to you? Yes _____ No _____

USC Shoah Foundation thanks you for your time and contributions.

Your signature below will show that you have read, understand and accept the terms of this agreement.

Please print your name EXACTLY as you wish it to appear with your testimony:

Last Name:

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First Name:

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Middle Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Maiden Name:

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Please print the address to which your personal copy of your testimony is to be sent:

Street Address & Apt # (if applicable):

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City & State or Province:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ZIP or Postal Code & Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature _____ Date _____

Witness _____ Date _____

If you are the relative of an interviewee and agree to appear on camera, please sign below to show that you have read and understand the above and that you accept the terms as stated.

Relative 1 Print Name _____ Signature _____

Relative 2 Print Name _____ Signature _____

Relative 3 Print Name _____ Signature _____

Relative 4 Print Name _____ Signature _____

If necessary, please have additional relatives print and sign their name on another sheet of paper and attach it to this form.