**1.2021**

**Veteran Feminists of America, Inc. (VFA) Oral History Project**

Informed consent and copyright permission

for oral history interviews, images and personal documents

*Please print*

Participant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/state/zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home and Cell Phones\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I voluntarily agree to be interviewed for this historical study of the experiences of activists from the Second Wave women’s movement. I understand that the following items may be created from my interview and may be edited by VFA solely at its unreviewable discretion:

* An audio and/or video recording
* Transcript and summary
* 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 above) may be distributed publicly by VFA throughout the world, in whole or in part, including in all formats now known or later developed, such as print, audio and visual media, public programming and posting on the Internet. VFA will own the Copyright on the program recording and transcript and derivatives therefrom.

As consideration for including me in this project and other valuable consideration, receipt acknowledged, I give the consent herein and execute this Agreement. VFA may request my review of the transcript for accuracy. Any and all prior understandings and agreements concerning this matter are merged herein. I agree that the interviewer may not vary the terms hereof.

My consent is irrevocable and extends to VFA, its successors, assignees and licensees and expressly includes the right to use my name, photograph, likeness, voice, statements and professional biography.

Agreed:

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Participant’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer phone Interviewer email

Sign TWO copies: one for participant, one for VFA

Comments/notes:

Contact: pioneerhistories@veteranfeministsofamerica.org