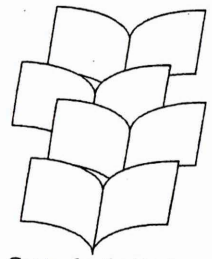

Iowa Center for the Book
State Library of Iowa
E. 12th and Grand
Des Moines, IA 50319

A program of the State Library of Iowa
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Iowa Polio Stories

Oral History Release and Consent Form

_____("Interviewee") and _____ ("Interviewer") agree to participate in the Iowa Polio Stories Oral History Project ("Project") under the following conditions. I understand that the purpose of the Project is to create and collect audio- and visual-recorded oral histories, and associated transcriptions, to document the history of polio in Iowa (collectively, "Documentary Materials"). The Documentary Materials will be used for scholarly, research and educational purposes, or in any manner deemed in the best interests of the State Library of Iowa, the State Historical Society of Iowa, or its affiliated organizations or designees. I understand that the Documentary Materials may become part of the permanent collection of the State Historical Society of Iowa.

I hereby grant to the State Library of Iowa and the State Historical Society of Iowa all right, title and interest in and to the Documentary Materials, including any copyright interest I may hold in the Documentary Materials in any and all media now known or hereafter developed. Interviewee shall not be restricted from retelling, publicly performing, memorializing in print, film or other media, or otherwise exploiting, the subject matter underlying the Documentary Materials.

I agree that the State Library and the State Historical Society of Iowa and/or its designees, may use my bibliographic information (e.g., name, birthplace, and other information provided on the Biographical Data Form), my image or likeness, statements, performance or other personal identifying features without further approval on my part, in any and all media now known or hereafter developed, provided such use is consistent with the scholarly, research or educational purposes of the State Library of Iowa and the State Historical Society of Iowa or its designee(s).

I hereby release the State Library of Iowa, the State Historical Society of Iowa, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of the Documentary Materials including, but not limited to, any claims for defamation or violations of my rights or privacy and/or publicity.

Interviewee Signature _____Date _____

Interviewer Signature _____Date _____

Accepted on behalf of the State Historical Society of Iowa by

_____Date_____