

# Legacy Stories Consent and Release Form

The \_\_\_\_\_ Library is collecting personal, family, and community stories to preserve for future generations as part of our genealogy and local history collections. By participating, you agree to the following:

## 1. Permission to Record and Use

I understand that my story, oral recording, photographs, documents, or other submitted materials (“Materials”) may be recorded, copied, digitized, preserved, and made available in the \_\_\_\_\_ Library collections, online genealogy library, and other library publications or programming. I grant the \_\_\_\_\_ Library a non-exclusive, perpetual, royalty-free license to use, reproduce, display, and share these Materials in whole or in part.

## 2. Ownership and Rights

I affirm that:

- I am the creator or legal owner of the story and Materials submitted, or I have permission to use and share them.
- The Materials do not infringe on anyone else’s copyright, trademark, privacy, or publicity rights.
- I understand that I retain ownership of my story and Materials, but grant the Library the rights listed above.

## 3. Accuracy and Responsibility

I affirm that the information I am providing is, to the best of my knowledge, accurate and truthful. I understand that the Library is not responsible for verifying the accuracy of my submission.

## 4. Library’s Right to Refuse or Remove

I understand that the \_\_\_\_\_ Library reserves the right, at its sole discretion, to decline to include or to later remove any story or Materials that are:

- inflammatory, offensive, or discriminatory;
- factually inaccurate or misleading;
- libelous, slanderous, or in violation of any laws;
- otherwise deemed inappropriate for inclusion in the collection.

## 5. Release of Liability

I release and hold harmless the \_\_\_\_\_ Library, its employees, trustees, and volunteers from any and all claims, demands, or causes of action arising out of the use of my story or Materials as described in this agreement.

## 6. Consent

By signing below, I acknowledge that I have read and understand this Consent and Release Form, and I voluntarily agree to its terms.

**Name (Please Print):**

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**Signature:**

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**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_