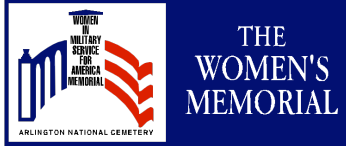


WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION, INC.

oralhistory@womensmemorial.org
www.womensmemorial.org
www.womensmemorialstore.com



703-533-1155
800-222-2294
703-931-4208 FAX

200 N. Glebe Road • Suite 400 • Arlington, VA 22203

The Women's Memorial Oral History Release and Consent Form

_____ ("Interviewee") and _____ ("Interviewer") each agree to participate in the Women in Military Service For America Memorial Foundation, Inc.'s ("Women's Memorial's") Oral History Project ("Project") under the following conditions.

I understand that the purpose of the Project is to create and collect audio- and visual-taped oral histories, and associated transcriptions, of American women military veterans (collectively, "Documentary Materials"). The Documentary Materials will serve as a record of American women veterans' military experiences, and will be used for scholarly, research and educational purposes, or in any manner deemed in the best interests of the Women's Memorial or its affiliated organizations including, but not limited to, the Library of Congress. I understand that the Documentary Materials may become part of the permanent collection of the Women's Memorial, and may also be included in the collections of the American Folklife Center of the Library of Congress, as part of the Library of Congress Veterans' History Project.

I hereby grant to the Women's Memorial 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. Notwithstanding the foregoing, 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 Women's Memorial and/or its designees, including (but not limited to) the Library of Congress, may use my bibliographic information (e.g., name, rank, and service 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 Women's Memorial or its designee(s).

I hereby release the Women's Memorial, and its assignees and designees, including the Library of Congress, 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 Women's Memorial by

_____ Date _____