

Oral History Release Form

I understand that my interview is being recorded, collected, and stored for the New York City Trans Oral History Project. I understand that my interview may also be collected by the New York Public Library. I understand that my interview may become part of NYPL's and NYC TOHP's records and be made publically available. I understand that my interview may be used to advertise for other participants. I agree that NYPL and NYC TOHP may use my name, voice, video, photographic likeness and biographical story.

In consideration of my participation in the interview, I hereby freely and voluntarily relinquish and transfer to NYPL and NYC TOHP all title and property rights that I have or may be deemed to have in the interview throughout the world. I understand that these rights include, without limitation, all rights, titles, and interest in any copyright. I understand that NYPL and/or TOHP may assign, license, and sublicense these rights to other entities.

I understand that NYPL and/or NYC TOHP may exhibit, distribute, edit, produce, transcribe, publish, publicly perform, publicly display, and broadcast, without any further approval on my part, the entire interview or parts of the interview with or without my name, in, on, or through any and all media whether now existing or hereafter being developed. I hereby waive any right to inspect or approve any uses of the interview.

I release, hold harmless and indemnify NYC TOHP and NYPL and its trustees, officers, agents, patrons, and employees from and against any and all claims, including but not limited to claims for defamation, invasion of privacy or right of publicity, liabilities, damages, or expenses including attorney's fees, court costs, or any other such losses resulting from or related to the interview process, the use of my likeness, the reproduction of this interview, or the content of the interview.

This release shall be governed by, and construed in accordance with, the laws of the state of New York, without regard to its conflict of law principles.

I understand this contract is binding on me, my heirs, legal representatives, assigns, and legal or biological family.

Interviewee

Name (please print):

Signature: _____

Date: _____

Interviewer

Name (please print):

Signature: _____

Date: _____