

# Utah State UNIVERSITY

Special Collections & Archives

3000 Old Main Hill, Logan UT 84322-3000

Telephone: (435) 797-2663 \* FAX (435) 797-2880

## Collector Release Form

I, Alexis Robb (collector), am a student in a USU folklore course documenting folklore (hereinafter "course"). I understand that one purpose of the course is to collect folklore, using the "Guide to Folklore Collecting for Folklore Classes," that may be deposited in the permanent collection of the Fife Folklore Archives, Special Collections and Archives, Utah State University Libraries (hereinafter "SCA"). The deposited materials may be used for scholarly and educational purposes and may be duplicated. I understand that SCA plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for promotion of the institution and its activities in any medium.

I hereby grant to the SCA ownership of the physical property delivered to the SCA and the right to use the property that is the product of my participation (for example, my collection or photographs) as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the SCA my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the course to be used, published, and copied by the SCA and its assignees in any medium.

I agree that the SCA may use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release SCA and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such documents, recordings, photographs, including but not limited to, any claims for defamation, invasion of privacy, or right of privacy.

## ACCEPTED and AGREED

Collector Signature Alexis Robb Date 11/14/17

Printed Name: Alexis Robb

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Parent or Guardian Signature (if interviewer is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address 166 N 830 E

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City : Smithfield State: Utah ZIP 84335

Telephone (435) 230-2102 E-mail alexisrobb11@yahoo.com

Relationship, if any, to informant(s): Mother/

Daughter

Restrictions: \_\_\_\_\_

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