

Apex Historical Society – Oral History project
Video Recording Agreement

Project name: _____

Date: _____

Videographer: _____

Name of person(s) Video taped: _____

Address: _____

Telephone number: _____

I give my permission for any videotapes, recordings and/or photographs made during this project to be used by members of the Apex Historical Society and the public for educational purposes including publications, exhibitions, websites, and presentations. I give my permission without expectation of compensation should the Society choose to publish any of the obtained materials.

I agree to the uses of these materials described above, except for any restrictions, noted below.

Name (please print): _____

Signature: _____

Date of signature: _____

Interviewer's signature: _____

Date: _____

Restriction description: _____

DMD 5/09