



ORAL HISTORY CONSENT FORM

I willfully consent to be interviewed by a representative of the Solebury Township Historical Society ("the Society") for the purpose of providing a record of my recollections. I understand that oral and/or video recordings of the interview(s) will be made, and that the recordings may be transcribed in written form. I also understand that my interview may be distributed to the public for educational purposes, including formats such as print, public programming, and the Internet. I agree to freely share my interview under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. This means that I retain the copyright, but that the public may freely copy, modify, and share these items for non-commercial purposes under the same terms, if they include the original source information. In return, the interviewer promises to provide a free copy of the interview recording and any transcript that may be prepared and related items to my address below.

PERSON BEING INTERVIEWED AND APPROVING THIS AGREEMENT

Full name _____

Address _____

Signature _____ Date of birth _____

Date of interview(s) _____ Location conducted _____

PERSON CONDUCTING INTERVIEW(S)

Full name _____

Signature _____

Address _____

APPROVAL BY BOARD MEMBER OF THE SOCIETY

Full name _____ Title _____

Board Member signature _____ Date _____

Questions? Call Robert A. McEwan, 215 479 4711

3 original copies: 1 to Interviewer, 1 to Interviewee, 1 to the Society