

Jones Memorial Library

2311 Memorial Avenue, Lynchburg, VA 24501

434-846-0501 refdesk@jmlibrary.org

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ORAL HISTORY AGREEMENT (Minor)

This confirms my understanding and agreement with the Jones Memorial Library (JML) with respect to my participation in an oral history project conducted by Jones Memorial Library.

1. I hereby grant JML the right to record, photograph, and otherwise document my interview with my interviewer. I understand that audio and/or video recordings, verbatim transcripts, written notes, and digital photographs—collectively called the “Work”—may be collected during the course of this interview.
2. JML agrees to preserve the Work of this interview according to accepted best practices, and to make the Work available to researchers and others in accordance with applicable JML rules and general policies.

I understand that the Work of this interview may be publicly disseminated—shared outside of JML—at any time through Artificial Intelligence (AI) transcription, uploaded onto a website or database, posted on social media, featured content in an exhibit, presented at a research conference, or by some other means, unless restricted below.

I hereby donate the material of my interview to the Jones Memorial Library (JML) to be administered in accordance with its established policies. I assign and transfer all copyrights that I possess to JML. I agree that this material may be made available for research on an unrestricted basis, subject only to those restrictions which may be specified below. JML will request that proper citation be given in any publication resulting from research using these materials. (please check all that apply):

- ☐ JML may use all of the below information in connection with the Work.
- ☐ JML may use my name, likeness, general description, and other personal characteristics.
- ☐ JML may use audio and/or video recordings of the interview, and other recordings of myself as the interviewee.
- ☐ JML may use photographs taken before, during or after the interview, including photographs of myself as the interviewee.
- ☐ JML may use verbatim transcripts of the interview recording, and any written notes provided by myself as the interviewee.
- ☐ JML may use Artificial Intelligence tools for transcription of my recording.
- ☐ JML may use none of the above.

Please explain any exceptions or special restrictions here (e.g., “Audio only, no video or photographs.” “For use in-library only, do not post online,” etc.)

Continued

(Minor) Oral History Agreement, continued

3. I hereby grant, assign, and transfer to JML all rights, title, and interest in and to the Work, including literary rights and copyright, provided, however, that I shall retain the non-exclusive right to copy, use, and publish the Work in part or in full until my death.
4. I understand that this release is binding on me, my heirs, executors, and assigns.
5. This agreement contains our entire and complete understanding with respect to my participation in the oral history project.

☐ Check here to request a copy of your interview transcript.

ACCEPTED AND AGREED

Minor Interviewee Consent

I understand that as a minor (someone under 18 years of age) I cannot legally consent to participate in this oral history project. By signing below, I acknowledge my intent to participate as an interviewee.

Minor/Interviewee

Signature: _____ **Date:** _____

Name (please print): _____ Pronouns (optional): _____

Parent/Guardian Consent

I understand that the above-named minor cannot legally consent to participate in this oral history project. By signing this form, I acknowledge that I am 18 years of age or older and consent to the minor's participation as their parent/legal guardian. I also consent to how they have indicated their interview can be used by JML. Furthermore, I acknowledge that the minor's participation is voluntary, and they may withdraw from the oral history project without penalty at any time.

Parent/Guardian Signature: _____ **Date:** _____

Name (please print): _____ Pronouns (optional) _____

Relationship to Minor: _____

Email: _____ Telephone: _____

Please check one of the following:

- ☐ Yes, I would like to be emailed a PDF copy of this form for my records.
☐ No, I would not like to be emailed a PDF copy of this form for my records.

By the Library:

Interviewer Signature: _____ **Date:** _____

Name (please print) _____ Relationship to JML _____