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Oral History Gift and Release Agreement

I, Willard Jones (name), of PO Box 575 Ward Cove, AK (mailing address), transfer to the University of Alaska Fairbanks Rasmuson Library my title, interest, and copyright to the audio/video recordings conducted on 7/10/01 (month/day/year).

I understand that the Rasmuson Library makes oral history recordings available to researchers, writers, scholars, students and the interested public. I agree that the Rasmuson Library may make these recordings electronically accessible via local area networks or the Internet for circulation and preservation purposes. I agree not to hold the University of Alaska Fairbanks liable for unauthorized use of these recordings by third parties. This release does not restrict the undersigned from retelling their stories to others or otherwise reusing the verbal information they have shared with the UAF Oral History Program.

Willard L. Jones  
(signature of narrator)

7/10/01  
(date)

Eleanor L. Hadden  
(signature of interviewer)

July 10, 01  
(date)

Robyn L. Russell  
(signature of collection manager)

8/23/03  
(date)

Notes on use (Optional. Please see attached form):