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In consideration of the role of the Archives in preserving and making your recording available, we ask you to agree to the following:

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I also agree not to hold the University of Alaska Fairbanks liable for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

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Please be assured that we will do all that we can to inform users of these conditions and thereby minimize the potential for misuse. **None of the above mentioned conditions restricts you from re-telling and/or recording again any of the information you gave on this recording.**

Robert DeArmond  
(Narrator's printed name)

10/15/04  
(Date)

120 Katlian ~~Dave~~ Street, Sitka 99853  
(Narrator's printed mailing address)

Robert DeArmond  
(Narrator's signature)

\_\_\_\_\_  
(Interviewer's printed name & signature)

\_\_\_\_\_  
(Date)

Robyn L. Russell  
(Collection manager's signature)

6-27-05