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ORAL HISTORY
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I also agree to hold the University of Alaska Fairbanks harmless 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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None of the above mentioned conditions restricts you from re-telling and/or recording again any of the information you gave on this recording.

I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

Cecil Martin
(Narrator's printed name)

[Signature]
(Narrator's signature & date)

P.O. Box 2268, Dot Lake
(Narrator's mailing address) AK 99737

[Signature] Dec 11/13
(Interviewer's signature & date)

[Signature]
(Collection manager's signature & date)
12-17-13

[Signature] Dec 11/13
[Cellarius]

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