



ORAL HISTORY
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Oral History Gift and Release Agreement

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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:

I, Neil Darish, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

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.

Neil Darish
(Narrator's printed name)

[Signature] 9/3/16
(Narrator's signature & date)

PO Box MXY, Glennallen AK 99588
(Narrator's mailing address)

[Signature] 9/3/16
(Interviewer's signature & date)

[Signature] 9/14/16
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Names of other institutions where copies of this recording(s) are deposited:
