

Informed Consent Release Form

Date:	
Name:	
Address:	
Phone:	
Email:	
Birthdate:	
Optional: I identify my race/ethnicity as:	

In consideration for History Colorado accepting my donation, I hereby agree to:

- I allow History Colorado to use any and all materials submitted by me whether in written form, electronic, film, audio, digital or any other formats for the purpose of research, educational, exhibition, evaluation, programs, marketing, reproductions and promotional purposes.
- I understand that all materials submitted will become the property of History Colorado. History Colorado will have the right to accession these materials into their permanent collections. History Colorado also has the right to dispose of materials not accepted for permanent collections.
- I understand that I will not receive compensation for my donation to History Colorado,
- I understand that once in History Colorado’s possession I will not have the right to inspect or approve use of materials.
- I understand that History Colorado has the perpetual, nonexclusive, transferrable, worldwide right to use my materials for purposes for use, education, research, reproduction, exhibit, display, perform, broadcast, create copied works, distribute and allow the redistribution of the materials in any format.
- I understand that I, author/creator of the materials, will continue to keep any copyright and related rights.

I acknowledge all the terms listed above and I hereby grant History Colorado ownership of my materials without restriction. I hereby release History Colorado from any and all claims, damages and demands in connection to the materials donated, including but not limited to copyright infringement, defamation, invasion of privacy, or right of publicity.

I am donating my materials to History Colorado and therefore agree to all terms listed above.

I prefer to donate the materials anonymously. Any documentation of materials, including catalog records and public copies of your materials will exclude your name and personal contact information.

Participant’s Printed Name: _____ Signature: _____

If under 18, Parent/legal guardian signature: _____ **Date:** _____