



THIS FORM MUST BE SUBMITTED WITH THE ORAL HISTORY

Lincoln’s Legacy Oral History Release, Waiver and Consent Form

_____ ("Interviewee") and _____ ("Interviewer") each agree to participate in the Lincoln’s Legacy Oral History Project ("Project") under the following conditions.

I understand that Lincoln Financial Group and its affiliated entity, Lincoln Financial Foundation (“Lincoln”) will be collecting and compiling audio- and visual-taped oral histories, and associated transcriptions (collectively, "Oral Histories"). The Oral Histories will serve to highlight President Abraham Lincoln’s legacy of freedom and opportunity by collecting the voices of families profoundly influenced by the development of liberty in the United States. The Oral Histories will be posted on Lincoln’s websites, published in an anthology, and may be used in any manner deemed appropriate by Lincoln.

I hereby grant to Lincoln all right, title and interest in and to my Oral History submission, including any copyright interest I may hold in the Oral History in any and all media now known or hereafter developed. My conveyance of copyright encompasses the rights of reproduction, distribution, preparation or derivative works, public performance, and public display as well as all renewals and extensions. Notwithstanding the foregoing, Interviewee shall not be restricted from retelling, publicly performing, memorializing in print, film or other media, or otherwise exploiting, the subject matter underlying the Oral History.

I hereby give my full permission for the use of my name, picture, image, likeness, actions, voice, or other personally identifiable information, in whole or in part, individually or in conjunction with other images, in all formats, media and in all manners, including composite or altered representations, for use in the Project, as well as for advertising, trade or any other lawful purposes. I hereby release Lincoln, and its affiliates, from any and all claims arising out of the use of the Oral History including, but not limited to, any claims for defamation or violation of my rights of privacy and/or publicity. I waive all rights of privacy or compensation, which I may have in connection with such use of my name, picture, image, likeness, actions, voice or other personally identifiable information.

I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection with the video production, editing and promotion therewith.

I am over 18 years- of-age and I have read this release and am fully familiar with its contents.

Interviewee:

Name _____ Address _____

Signature _____ Date _____

Interviewer:

Name _____ Address _____

Signature _____ Date _____

CONSENT (required for individuals under the age of 18 years of age)

I am the parent or guardian of the minor named above and have the legal authority to execute this Wavier, Release and Consent Form on his or her behalf as stated above.

Name _____ Address _____

Signature _____ Date _____