



Association historique de Westmount
Westmount Historical Association

WESTMOUNT MEMORIES PROJECT CONSENT FORM

Please check the appropriate choices in either (1) or (2), and please consider (3) as well.

(1)...I prefer to be interviewed. In this case:

...I agree that the WHA may use audio-recorded material and images from my interview. If published in the newsletter, any article drawn from the interview must meet with my approval and that of the editor.

...I agree that recordings and any transcriptions of my interview will be kept in the WHA archives.

(2) ...I prefer to write and submit my own memories. In this case:

...I agree that the WHA may publish the written version of my memories in the WHA newsletter, with appropriate photographs, the final version to meet with my approval and that of the editor.

...I agree that the WHA may keep the written version of my memories in the WHA archive.

(3) Choose one of the following if appropriate:

... I agree that original photographs or documents that I **donate** to the WHA archives will be stored in a collection under my name after a formal Deed of Gift form has been completed and signed.

... I agree that photographs or documents that I **lend** to the WHA may be scanned, entered into our photographic database, and used without restriction in future publications and displays, so long as they are properly credited and Canadian copyright rules respected. **The originals will be returned to me.**

NB: The WHA will be held harmless for any unintentional errors in regard to material.

INTERVIEWEE or AUTHOR:

INTERVIEWER (if any)

NAME (printed)

NAME: (printed)

SIGNATURE

SIGNATURE

DATE

DATE