2. Depositor Consent Form

Name of collector [ ] depositor [ ] ____________________________ ____________________________ Date __________

Collectors and depositors: fill out this form and sign below

By signing below I agree to deposit recordings, documentation, and/or photographs as part of the
____________________________________ Collection into the UCLA Ethnomusicology Archive where they will be
available to researchers and the public for scholarly and educational purposes, including publications and exhibitions.

By giving my permission I also

• understand that the UCLA Ethnomusicology Archive plans to retain the recordings as part of its permanent
collection and that the recordings may be used for exhibition, publication, presentation on the World Wide
Web and successor technologies, and for promotion of the UCLA Ethnomusicology Archive and its activities
in any medium;
• agree that the UCLA Ethnomusicology Archive may use your name, video or photographic image or likeness,
statements, performance and voice reproduction, or other sound effects without further approval on your part;
• release the UCLA Ethnomusicology Archive, and its assignees and designees, from any and all claims and
demands arising out of or in connection with the use of such recordings, documents, and artifacts, including
but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

By giving my permission I understand that I do not give up any copyright or performance rights that I may hold.

(Please check one)

[ ] I agree to the uses of these materials described above

[ ] I agree to the uses of these materials described above except for any restrictions listed below

Restrictions (if applicable)

____________________________________

____________________________________

____________________________________

Signature of collector [ ] depositor [ ] ____________________________ ____________________________ Date __________

Signature of Archive representative __________________________________________ Date __________