



Video Recording of Roots Research Session

Participant(s) Name(s) *[Printed]* _____

Interviewer(s) Name(s) *[Printed]* _____

Date(s) of Recording _____

Project Description:

Roots Research session (Family Research Session)

HMWF Staff will be sharing compiled research documents to a HMWF member(s).

- - -Continued on Back, Signature Required - - -

HMWF Roots Research Video Release

The recordings made in this project are intended to be part of the Historical record of the Heart Mountain Relocation Center and the legacy that follows it including the Heart Mountain Wyoming Foundation, Interpretive Center, and Mineta-Simpson Institute. The recording(s) will be stored indefinitely at the Heart Mountain Interpretive Center digitally.

The participant has read and understands the description of the project above. Their participation is voluntary and they are able to refuse to participate or discontinue participation at any time. Participants may keep a copy of the completed consent form. Participants will not be compensated unless described so in the project description, but their participation in the project will not cost them anything.

The recordings and transcripts created will become part of the Heart Mountain Wyoming Foundation's Permanent Oral History Collection and will be stored indefinitely on a computer server, exterior hard drive, and as paper copies within the Interpretive Center's Collections Facility. They will be added to our collections database, and possibly presented on the internet for scholarly and personal use along with any abstracts or transcripts of the recorded content.

I, the undersigned, hereby give the recording, abstract, and transcript to the Heart Mountain Wyoming Foundation to use however they deem fit. I understand that at any time, as determined by the Heart Mountain Wyoming Foundation, the project including my interview may be transferred to another repository where it will be made available according to the guidelines stipulated in this release. I understand my name will be indefinitely connected to the recording, abstract, and transcript for record keeping and historical purposes. I also allow the Heart Mountain Wyoming Foundation to contact me for further questions related to the project and my interview.

You may request a copy of the digital recording that will be sent to you via email or dropbox.

Participant(s) Signature(s) _____

Date _____

Phone _____ **Email** _____

Interviewer(s) Signature(s) _____

Date _____

Phone _____ **Email** _____