



Consent Form

I, _____, agree to participate in the National Conversation on Writing, an effort to broaden our understanding of writing and writers by collecting stories from writers. I understand that I may indicate below how I would like my recorded words and images to be used. I also understand that the intention of this project is to create an archive of artifacts and oral histories about writing and writers (see our vision statement), and that these archives will be available to anyone with internet access. The institutional home for this digital collection is the Gee Library at Texas A&M-Commerce. Archives are available through the NCoW portal at www.ncow.org.

Direct questions to Dr. Shannon Carter at 903-886-5492 or shannon_carter@tamu-commerce.edu

Effective this ___ day of ____, 20___, I hereby grant to “The National Conversation on Writing” rights to capture my image and/or record my voice using film and/or video or audio tape, and to own, use, and edit in any manner, in any and all media now known or hereafter devised, my performance, image, character(s) portrayal(s), likeness or appearance. I understand that the Producer capturing my story may develop audio, video, or image-based projects from these materials and that the resulting project(s) will be archived in the National Conversation on Writing digital collection. I understand that I may receive credit in the resulting project but will not receive any financial compensation for my involvement with the National Conversation on Writing or the Producer contributing to NCoW. I acknowledge that Producer shall own all rights in and to the results and proceeds of my Performance, including without limitation the copyright therein. I hereby irrevocably assign to Producer any and all rights, title, and interest in and to the Performance, in all media now know or hereafter devised, in perpetuity. I am either over 18 years of age or have obtained permission from my legal guardian.

Signature

Signature of Parent/Guardian (if under 18)

Printed name

Phone number or address

email address (if available)

CHECK ALL THAT APPLY

___ I would like my interview on videotape, and all people **may** see my face.

___ I would like my interview on audio, and people **may not** see my face.

___ My name **may** be included in the NCoW archive. ___ My name **may not** be included in the NCoW archive.

___ I would like to choose a pseudonym for use in the NCoW contribution, and that pseudonym should be:
