

## Community Collections/TIDES Program

I, \_\_\_\_\_, agree to participate with Stephen F. Austin State University, on behalf of the TIDES Program. I understand that the purpose of the TIDES Program is to collect documentary, photographic, and artifactual materials in **electronic format** for educational use to be deposited in the permanent collections of the East Texas Research Center at Stephen F. Austin State University. The deposited documentary materials will serve as a record of East Texas cultural history and may be used for scholarly and educational purposes. I understand that the East Texas Research Center plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, presentation on the World Wide Web and successor technologies, and for the promotion of Stephen F. Austin State University and its activities in any medium.

This agreement relates to any and all materials originating from documentary, photographic, and artifactual materials collected in **electronic format** hereinafter collectively called "the Work."

I irrevocably assign to Stephen F. Austin State University all copyright, title and interest in and to the Work and its Derivatives. This assignment applies to Stephen F. Austin State University, its successors, and assigns, for and during the existence of the copyright and all renewals and extensions thereof. However copyright to the original material is retained by owner.

I agree that the University may use for any research, education, exhibition, publication, presentation on the World Wide Web and successor technologies the Work and its Derivatives.

I acknowledge that I will receive no remuneration or compensation for the use of the Work or its Derivatives.

I release Stephen F. Austin State University, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of the Work and its Derivatives, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

ACCEPTED AND AGREED

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone(\_\_\_\_)- \_\_\_\_\_

Documented by \_\_\_\_\_