



UNIVERSITY OF  
CENTRAL FLORIDA



RICHEs

**RICHEs Volunteer Work Release**

I understand that I am a volunteer participating in the Regional Initiative for Collecting the History, Experiences, and Stories (RICHEs), an initiative based out of the University (UCF) History Department Public History Program to collect, preserve, and present the history . I understand that RICHEs will house the finished product of my efforts. I consent to the reproduction and dissemination of the finished product of my efforts in the future for various educational and promotional purposes in various formats by the project directors and distributors of RICHEs.

The works I am contributing to RICHEs are (hereinafter the "Works"):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

I grant the owners of RICHEs, the right to exhibit and reproduce the Works I am contributing for educational, advertising, proposal or other purposes in any print, digital or other media format, including but not limited to walking tour brochures, mobile phone applications, publications, exhibits, displays, advertisements, podcasts, the internet, or DVDs. I understand that the Works may be archived and available for exhibition and reproduction by scholars who are not part of RICHEs.

By signing this form, I acknowledge and understand that the Works will be used by the RICHEs project directors and distributors, and scholars who are not part of RICHEs, in any media format, publicly or privately.

If applicable, the directors and distributors of RICHEs will properly attribute authorship of the Works to me in the form of citations, captions, credits or any other format that is appropriate for the medium in which the image is shown; however, I do not expect and will not receive monetary compensation for exhibition or reproduction of the Works.

I waive any rights, claims, or interest that I may have to control the use of the Works, including the right to approve the use of the Works before they are shown in public. I understand that this release will apply to my heirs and any personal representatives. I have read and understood the above statement, and am competent to execute this consent and release.

Volunteer Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Date: