

Whakaaetanga-ā-tuhi ki te hopu kōrero Oral History Recording Agreement

Name of Project:

Full Name of Person Interviewed:

Date of Interview:

Commissioner:

Interviewer:

1. Placement: I, the person interviewed, agree that the recording of my waiata-karakia-karanga-haka-mihi-kōrero-interview and accompanying material, prepared for archival purposes, will be deposited in.....

.....
And copies may also be held by

Notes:

.....

2. Access: I agree that the recording of my waiata-karakia-karanga-haka-mihi-kōrero-interview and accompanying material may be made freely available for research at the above location, or a location approved by the commissioner.

Tick one: YES

OR

I require that there be **NO** access to the recording of my interview and accompanying material **without my prior written permission** until:

Release Date: Review Date (optional):

Notes:

.....

3. Publication: I agree that the recording of my waiata-karakia-karanga-haka-mihi-kōrero-interview and accompanying material may be quoted or shown in full or in part; this includes broadcast, published work, use in public performances, and electronic publication on the internet.

Tick one: YES

OR

I require there be **NO** publication of the recording of my interview and accompanying material **without my prior written permission** until:

Release Date: Review Date (optional):

Notes:

.....

Go to page 2 to complete form and sign at end

4. Copyright

Choose one:

Option 1: Any copyright I own in the interview is retained by me, the interviewee

AND

(Complete if required) Any copyright owned by me at my death is assigned to [INSERT NAME]

OR

Option 2: Any copyright I own in the interview is assigned by me the interviewee to [INSERT NAME]

Notes:

There may be several copyright holders in this recording
Please keep all contact details on separate page

5 Privacy Act: As interviewee I acknowledge that this agreement does not modify my rights and responsibilities under the Privacy Act 2020

6. Additional Information:

.....

7. Signatures:

Person Interviewed..... **Date:**

Interviewer: **Date:**

For Commissioner: **Date:**

8. Heir or executor (Optional):

[INSERT NAME].

Please keep all contact details on separate page

Notes:

1. All signatories to this *Oral History Recording Agreement* must comply with any restrictions on access/publication. This obligation applies to all copies of the recording and accompanying material, wherever they are held.
 2. The terms agreed to in this *Oral History Recording Agreement* may be amended only with the authority of the person interviewed. Any change must be registered with all holders of the interview and accompanying material.
 3. Commissioners, Interviewers and Repositories have responsibilities under the Privacy Act 2020.
 4. The Interviewee should be credited as the speaker in any use of the recording.
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