



# The Seaford Historical Society

## Oral History Participant Consent Form

You are being asked to participate in the Seaford Historical Society’s **History through Family: The African-American Experience in Seaford, Delaware** oral history project. You have been selected because you have a wealth of knowledge about Seaford’s past and how it has grown and changed over the years.

The interview will be audio/video recorded, edited, and it may be included, in whole or part, as a part of the **History through Family** exhibit at the Seaford Museum during the summer of 2021. Additionally, the video may be linked to the Seaford Historical Society website before, during, or following the exhibit and it may be used for promotional purposes through various media.

As the subject of the interview, you are entitled to pause or end the recording at your discretion, request that responses not be included in the final product, change or expand your responses, or request that the interview not be included in the project. In the event that you withdraw for the interview, or request that it not be included in the exhibit after the interview has been completed; the recording will be deleted and any transcripts destroyed.

On the second page of this Consent Form you may request special provision for the use or storage of your interview.

Except as indicated in the comments on page 2, the interview content (including audio and video recording, images, and transcripts) will become the sole property of the Seaford Historical Society for use in any manner they deem appropriate, including use in the **History through Family** exhibit, future permanent or temporary exhibitions, promotions, or academic research projects.

The interviewer and subject may request electronic or physical copies of the product at any time without fee other than the cost of storage media.

If you have any questions, please contact the Seaford Historical Society at (302)628-9828 or by email at [admin@seafordhistoricalsociety.com](mailto:admin@seafordhistoricalsociety.com).

You will be interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Interviewer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Seaford Historical Society: Oral History Participant Consent Form

Name of Interview Subject: \_\_\_\_\_

Interview Subject signature: \_\_\_\_\_

Interview Subject Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Special Requests by Interview Subject

Interviewer Initials: \_\_\_\_\_

Interview Subject Initials: \_\_\_\_\_