



Simcoe County Archives Oral History Program

**Informed Consent**

1. You are being asked to participate in the Simcoe County Archives Oral History Program.
  - a. Participation is voluntary. You will receive no payment for participation, but you may request a copy of the recording on CD.
  - b. You may withdraw your participation at any time prior to the signing of the Deed of Gift, which happens at the end of the interview. If you withdraw your consent, the recording will be destroyed and no transcript will be made.
  - c. When the interview is completed and the Deed of Gift is signed, the recording and content of the interview will be deposited in the collection of the Simcoe County Archives for the use of future researchers and all associated rights, including copyright, will belong to the Simcoe County Archives, subject to any agreed upon restrictions, including optional anonymity, listed on the Deed of Gift.
  - d. The Deed of Gift grants you an unrestricted license to use the interview in any manner you choose.
  - e. By signing the Deed of Gift, you agree to indemnify and save harmless the Simcoe County Archives from any and all claims or liabilities, including those relating to libel, slander, defamation, and invasion of privacy, which may be brought against it in connection with the use of the interview or the contents of the interview.
  
2. The purpose of this interview is to document and preserve the stories of your life for the future use of researchers and members of the public.
  - a. You may be asked about your family, childhood, education, hometown, hobbies, career, and daily activities. It is possible that these questions may bring up difficult or traumatic memories. You are free to share as much or as little as you think appropriate.
  - b. The interviewer will not pressure you to speak about anything. However, they may ask clarifying questions to elicit specific memories.
  
3. The interview will take approximately one hour. If both parties agree, the interview may be extended or the option to continue at another time will be offered to you.
  
4. If you have any questions about the Simcoe County Archives Oral History Program, you can contact County Archivist Matthew Fells at 705-726-9300 extension 1285 or by e-mail at matthew.fells@simcoe.ca.
  
5. \_\_\_\_ I agree to be identified by name in any transcript or reference to any information contained in this interview.
  
6. \_\_\_\_ I wish to remain anonymous. I wish to have the recording(s) containing my interview closed to use. Anonymized transcripts may be made available to researchers. Your anonymity will also be noted on the Deed of Gift.

In consideration of all of the above, I give my consent to participate in the Simcoe County Archives Oral History Program. I will be given a copy of this informed consent to keep for my records.

Interviewee	Person Obtaining Consent
Name:	Name:
Address:	Address: 1149 Highway 26 Minesing ON L9X 0Z7
Phone:	Phone: 705-726-9331
Signature:	Signature: