GORDON-WASCOTT HISTORICAL SOCIETY
9672 COUNTY ROAD Y
GORDON, WISCONSIN 54838
www.gordonwascotthistoricalsociety.org

GORDON-WASCOTT ORAL HISTORY PROJECT

Gordon-Wascott Historical Society Oral History Interview Consent and Release Form:

Thank you for coming to this oral history interview today. The Gordon-Wascott Historical Society is doing this interview in collaboration with a Wisconsin Humanities Community Powered Fellowship received by Jim Olmsted to record and remember the history of the original Gordon Township, including the communities of Gordon, Wascott, and Dairyland, and the people who live there.

As residents, your knowledge of the community is relevant and important. We will record your interview and make it available on the Gordon-Wascott website, highlighting your story to generate a greater understanding of the history of this community, from community members. We will also have a transcribed version in the Gordon-Wascott Historical Society archives, and we will provide the interviewee with both a digital and transcribed copy of the interview.

Your risks for doing this interview are minimal. This is a voluntary project; there are no costs for participating, and the benefit to you is furthering the research and understanding of the Gordon-Wascott area community.

This is not a confidential interview, your information will be archived and held in an open and publicly accessible website and digital and physical archive. The Gordon-Wascott Historical Society (GWHS) will share rights to this website and its contents. However, at any point during or after the interview, you have the right to control the information you provide. Please indicate which parts of this interview you want to restrict. You may also withdraw your interview from our records on request, and we will comply. The forms you sign provide contact information for making a request. You may also indicate that you want the information only to be available in a transcribed format in the GWHS archives and only for research purposes.

Voluntary Participation: Your participation in this oral history project is voluntary. You may choose not to take part in this project, or if you decide to take part, you can change your mind later and withdraw from the project. You are free to not answer any questions you don't want to answer or stop participating in this research project at any time. Your decision will not change any present or future relationships with the Gordon-Wascott Historical Society. There are no known alternatives available to participating in this research project other than not taking part.

Who do I contact for questions about the project: For more information about the project or project procedures, contact Jim Olmsted at jolmsted@uwm.edu. Or www.gordonwascotthistoricalsociety.org. Who do I contact for questions about my rights or complaints about my treatment as a project subject? Contact the GWHS at www.gwhs222@outlook.com , or www.gordonwascotthistoricalsociety.org/contact

Oral History Project Subject's Consent to Participate in Research:
To voluntarily agree to take part in this project, you must be 18 years of age or older. By signing the consent form, you are giving your consent to voluntarily participate in this research project.

I, _____ (individual's name here), voluntarily agree to take part in this oral history interview and grant the Gordon-Wascott Historical Society permission to use the recordings (audio, video, or photographic) made on

_____ (date of interview), including the right to record my photograph and the right to copy, use, display, and distribute such recordings of me for use by the GWHS in any lawful way, including the following: exhibits, publications, documentaries, radio broadcasts, archives, the internet, library public archives, and conference presentations, except for the conditions specified below, if
any:_____
_____
_____

Please write in any additional notes or instructions below this line: By initialing and entering my information below, I consent to be interviewed. I also acknowledge that this interview may be published online on social media or a website, and I consent to its distribution. If I have concerns about my participation or the use of the files, I know I can contact Jim Olmsted at jolmsted@uwm.edu.

_____
Printed Name of Subject/Legally Authorized Representative

_____
Signature of Subject/Legally Authorized Representative Date

Contact information: Address/Phone/Email:

_____
_____
_____

Interviewer declaration (interviewer fills in this section)

I have given this research subject information on the project that is accurate and sufficient for the subject to fully understand the nature, risks, and benefits of the oral history project.

_____
Signature of Person Obtaining Consent

_____
Printed Name of Person Obtaining Consent Date