Documentation Release Form _____, am a participant in *Emily Skinner's* Louisville Story Sites Capstone Project. I understand that the purpose of this capstone project is to document important stories and history about a site in my community. I further understand and grant permission to Emily Skinner, a student in the Master of Arts in Cultural Sustainability at Goucher College to photograph, videotape and otherwise document me as a part of this research project, which will be deposited in the Goucher library and used as the basis for a website about historic preservation and significant sites in Louisville, Kentucky. I understand that *Emily Skinner* plans to retain the product of my participation in this research project and its products, including but not limited to my interview, presentation, video, photographs, statements, name, images or likeness, voice, and written materials as part of his/her graduate school capstone project, and that it may be used for the research and educational purposes described above. I hereby grant to *Emily Skinner* ownership of the physical property comprising my participation in Louisville Story Sites Project. Additionally, I hereby grant Emily Skinner, at no cost, the perpetual, nonexclusive, transferable, worldwide right to use, reproduce, transmit, display, perform, prepare derivative works from, distribute, and authorize the redistribution of the materials provided by me to Louisville Story Sites Project in any medium for educational, non-commercial purposes. By giving this permission, I understand that I retain any copyright and related rights that I may hold. I hereby release Goucher College's Graduate Programs, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of Louisville Story Sites Project, including but not limited to any claims for copyright infringement, defamation, invasion of privacy, or right of publicity. In agreement with Emily Skinner, this is a collaborative partnership. I understand that I will be notified of future edits, adaptations, and prepared derivative works of the Work with my consent in terms of the digital story being produced. I retain authorship rights to my personal narrative showcased in the digital story. If at anytime I do not wish that my personal narrative be showcased in an open, online platform or other materials produced for the public, I retain the right to request that the personal narrative (story produced) be removed from public viewing. If I have any questions, I may reach Emily Skinner at emily.skinner@mail.goucher.edu (502-552-2856). ACCEPTED AND AGREED Participant Signature

Student Signature_	any	M	Date	5/16/2018
Printed Name	Emily	Skinner		

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ACCEPTED AND AGREED Participant Signature Date		
Printed Name Donard A. HAAG SR.		
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Student Signature_	my for	Date	4/23/18
Printed Name	Emily J. Skinner		

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Participant Signature Garrye B. Jones Date 05/02/2018
Printed Name Carrye B. Jones
Address_ 2601 Ballantrae Circle Louisville Ky40242

Student Signature_	andto	Date_ 5/2/2016
Printed Name	Emily Skinner	

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Address 2412 W. Ches Trut St. Louisville, Ky 4021/

Student Signature_	and s.	Date 5/2/2018
Printed Name	Emily Skinner	