The Family Album Project
Sewanee: the University of the South
for classes taught by Pradip Malde, Linda Mayes, Karen Yu
January to May, 2014

The Family Album Project is part of a course of study for students enrolled in the University of the South’s Art 263 and Psychology 430 courses. I understand that students will work with my family to make a Family Album, which may include photographs, drawings and writing made by family members, friends and University students. I understand that students will ask me for permission to photograph or audio record on a meeting-by-meeting basis to help preserve information that we may want to include in the album, and that these photographic or recorded materials will not be used outside of the courses without my written permission.

I also understand that I will give permission for these materials to be included in the Family Album only after reviewing them with the students. I expect to receive a copy of the completed Family Album, and agree to let the University keep copies and use the Family Album for purposes of the Family Album Project and for teaching future courses. I acknowledge and agree that copyright to material is retained by the person(s) who took the photograph, made the audio recording, or did the writing. I understand that any material in which my family members in this Family Album project can be identified will not be distributed publicly without my permission. I understand that permission to distribute any copyrighted material will also be requested on a case-by-case basis.

I recognize that participation in the Project is voluntary and free of charge. The University will produce and give us a copy of the Family Album, and may keep at least one other for its students and teaching purposes.

I have received a copy of this agreement for my records.

PRIMARY ADULT FAMILY CAREGIVERS’ SIGNATURES FOR THEMSELVES AND THEIR MINOR CHILDREN / WARDS, AND OTHER FAMILY MEMBERS:

Name [print] / [sign] __________________________________________
Date _______________________________________________________

Name [print] / [sign] __________________________________________
Date _______________________________________________________