



Copyright Release Form

Archive Ref. No :-

Norfolk Wherry Trust Archive.

1. I confirm that any photographs, documents, artwork or recordings (be they physical or digital) submitted to the Norfolk Wherry Trust Archive belong to me.
2. I confirm that, to the best of my knowledge, I own the copyright to the photographs, documents, artwork or recordings submitted and retain said copyright for such items.
3. I give permission for my photographs, documents, artwork and recordings to be copied/loaded into the Norfolk Wherry Trust Archive and agree to their use for not-for-profit purposes, including :
 - i. Public reference in Libraries and Museums
 - ii. Educational Use
 - iii. As a source that may be published (including digital media and the Internet)
 - iv. In public performance
4. I agree to the inclusion of my name and address in any register required by the Data Protection Act 1998.

Mr/Mrs/Other *	<input type="text"/>	
First Name *	<input type="text"/>	
Surname *	<input type="text"/>	
Address 1 *	<input type="text"/>	
Address 2	<input type="text"/>	
Town *	<input type="text"/>	
County	<input type="text"/>	Country (if not UK) <input type="text"/>
Postcode *	<input type="text"/>	
Tel.	<input type="text"/>	
Email address	<input type="text"/>	
Signed	<input type="text"/>	
Object Description	<input type="text"/>	

Tick this box if you do not want your name and address given to any third party without your permission.

* Compulsory Fields