

Upper Midwestern Digital Folklore Archives | 2009 Respondent Release Form for Archival and Web Use

Name of Respondent: Kait Ulrich (please print)

Name of Researcher: Hannah Morris (please print)

Based on my knowledge of the work that professors and researchers affiliated with the Upper Midwestern Digital Folklore Archives are doing to document, preserve, and present traditional materials, I have considered the advantages and disadvantages of depositing my materials with them as part of their permanent collection.

CIRCLE ONE: The Upper Midwestern Digital Folklore Archives may / may not place my materials in its permanent collection.

CIRCLE ONE: The Upper Midwestern Digital Folklore Archives should / should not mention my name as the source of these materials.

If you have chosen to remain anonymous or have requested a pseudonym, please write either "Anonymous" or the pseudonym(s) here:

Pseudonym(s): _____

I understand that my choices below may allow some items to be made available or withheld through University of Wisconsin archives including its public computer networks. I also understand that students, community members, and scholars may read my collection. If I agree below, these materials may be published at sites on the World Wide Web approved by the Folklore Program, such as those for the Folklore Program, the Center for the Study of Upper Midwestern Cultures, Mills Music Library, University Archives, or Archival Resources of Wisconsin: Descriptive Finding Aids. I also understand that any materials included in the Upper Midwestern Digital Folklore Archives could be cited in scholarly publications or academic lessons.

I would like my materials to be (please check one):

- Publicly accessible.
- Accessible only on the University of Wisconsin Campuses.
- Accessible only with the permission of the representatives of the Upper Midwestern Digital Folklore

Signature: *Kait Ulrich*

Printed name: Kaitlin Ulrich Date: 11/12/12

Address: 125 Langdon St. Madison WI 53702

Email/Phone: kulrich@wisc.edu

Restrictions (if none, please write "None."): _____ Restrictions in effect until: _____

none

University of Wisconsin-Madison

Consent to Participate in Upper Midwestern Digital Folklore Archives

You are invited to contribute your artistic performance, stories, skills, and local knowledge to the Upper Midwestern Digital Folklore Archives at the University of Wisconsin-Madison Center for the Study of Upper Midwestern Cultures. We are asking you to participate because your performance, stories, skills or knowledge and work is a valuable and important part of our shared cultural heritage in the Upper Midwest.

Participation would involve first documenting your performance, stories, skills, and local knowledge through audio recording, photographs, and/or video recording. Then, you would be invited to participate in an approximately 30-60 minute interview about your performance, stories, skills, and local knowledge. Finally, the records and photographs of your performance, stories, skills, and local knowledge and your interview will be saved in the Upper Midwestern Digital Folklore Archives at the University of Wisconsin and made available on the Internet so our cultural heritage is preserved and made available to anyone in the world.

Your participation in this study is voluntary; you may choose not to participate. There is no cost incurred with participation.

PURPOSE OF THIS STUDY:

The purpose of this study is to locate, document, preserve and make accessible the cultural heritage of the Upper Midwest region.

BENEFITS OF THE STUDY:

The study will benefit the participants by documenting and permanently archiving their local cultural activities. The availability of these archives will contribute both current and future understandings of this geographical region and its people. Participants will enjoy a sense of pride and fulfillment that their cultural contributions will be preserved and made broadly accessible.

NATURE OF THIS STUDY:

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In signing this informed consent statement, you agree first to have your *performance, stories, skills, and local knowledge* documented. Second, you agree to participate in an approximately 30 to 60 minute voluntary interview in which the researcher will ask you to describe your activities related to your artistic performance or cultural knowledge. Third, you agree to have the audio, photo and video recordings of your *performance, stories, skills, and local knowledge* and your interview archived in the Upper Midwestern Digital Folklore Archives at the University of Wisconsin-Madison's Center for the Study of Upper Midwestern Cultures (<http://csunc.wisc.edu>) and made accessible to anyone through the Internet.

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I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND ALL THE RISKS ASSOCIATED WITH PARTICIPATION IN THIS STUDY. I AGREE TO PARTICIPATE IN THIS STUDY.

_____ (signature) _____ 1/12/12 Date
Kait Ullrich (print name)

I UNDERSTAND THAT THE DOCUMENTS MADE WILL BE ARCHIVED INDEFINITELY. _____ (initial)

Study Principle Investigator
Robert Glenn Howard, Ph.D.
Department of Communication Arts
University of Wisconsin -- Madison
6117 Vilas Communication Hall
821 University Avenue
Madison, WI 53706
rgh@rghoward.com
(608) 262-2605

If you have questions about your rights as a research subject you should contact the Social & Behavioral Science IRB at 608-263-2320

Upper Midwestern Digital Folklore Archives | 2009
Respondent Release Form for Archival and Web Use

Name of Respondent: REBECCA SMITH (please print)

Name of Researcher: HANNAH MORRIS (please print)

Based on my knowledge of the work that professors and researchers affiliated with the Upper Midwestern Digital Folklore Archives are doing to document, preserve, and present traditional materials, I have considered the advantages and disadvantages of depositing my materials with them as part of their permanent collection.

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I would like my materials to be (please check one):

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 Accessible only with the permission of the representatives of the Upper Midwestern Digital Folklore

Signature: Rebecca Smith

Printed name: REBECCA SMITH Date: 11/12/12

Address: 621 N. HENRY ST. APT D MADISON WI 53706

Email/Phone: rssmith@wisc.edu

Restrictions (If none, please write "None."): _____ Restrictions in effect until: _____

NONE

University of Wisconsin-Madison

Consent to Participate in Upper Midwestern Digital Folklore Archives

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I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND ALL THE RISKS ASSOCIATED WITH PARTICIPATION IN THIS STUDY. I AGREE TO PARTICIPATE IN THIS STUDY.

Rebecca Smith (signature) 11/12/12 Date
REBECCA SMITH (print name)

I UNDERSTAND THAT THE DOCUMENTS MADE WILL BE ARCHIVED INDEFINITELY. ___ (initial)

Study Principle Investigator
Robert Glenn Howard, Ph.D.
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University of Wisconsin – Madison
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Respondent Release Form for Archival and Web Use

Name of Respondent: Amy Miller (please print)

Name of Researcher: Hannah Morris (please print)

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I would like my materials to be (please check one):

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 Accessible only with the permission of the representatives of the Upper Midwestern Digital Folklore

Signature: Amy Miller

Printed name: Amy Miller Date: 11/12/12

Address: 773 University Ave. Suite 205 Madison, WI 53703

Email/Phone: amiller@cycfitness.com, 503-680-5818

Restrictions (If none, please write "None."): _____ Restrictions in effect until: _____

None

University of Wisconsin-Madison

Consent to Participate in Upper Midwestern Digital Folklore Archives

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I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND ALL THE RISKS ASSOCIATED WITH PARTICIPATION IN THIS STUDY. I AGREE TO PARTICIPATE IN THIS STUDY.

Amy Miller (signature) 11/12/12 Date
Amy Miller (print name)

I UNDERSTAND THAT THE DOCUMENTS MADE WILL BE ARCHIVED INDEFINITELY. RM (initial)

Study Principle Investigator
Robert Glenn Howard, Ph.D.
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Name of Respondent: Laura Howe (please print)

Name of Researcher: Hannah Morris (please print)

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Signature: Laura Howe

Printed name: Laura Howe Date: 11/11/12

Address: 141 W. Gilman St. Madison, WI 53703

Email/Phone: LEHOWE@wisc.edu (973) 615-2763

Restrictions (If none, please write "None."): None Restrictions in effect until: ✓

University of Wisconsin-Madison

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I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND ALL THE RISKS ASSOCIATED WITH PARTICIPATION IN THIS STUDY. I AGREE TO PARTICIPATE IN THIS STUDY.

Laura Howe (signature) 11/11/12 Date
Laura Howe (print name)

I UNDERSTAND THAT THE DOCUMENTS MADE WILL BE ARCHIVED INDEFINITELY. ___ (initial)

Study Principle Investigator
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Katie J. McCormack (signature) 10/7/2012 Date

Katie McCormack (print name)

I UNDERSTAND THAT THE DOCUMENTS MADE WILL BE ARCHIVED INDEFINITELY. KM (initial)

Study Principle Investigator
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