



## Oshkosh Public Museum Letter of Indemnification

In consideration of the Oshkosh Public Museum making such material available to us, for those purposes, it is understood and agreed that:

1. The materials and/or copies are furnished without representation or warranty as to any rights therein, and the use thereof shall be entirely at our own risk.
2. I agree to pay the standard charges for any services which you may furnish us.
3. I hereby agree to defend and indemnify and save and hold you, the Oshkosh Public Museum, its agencies, their officers, and/or their employees or designates harmless from and against any and all liability, including costs and expenses, based on the violation of rights of ownership, infringement of copyright, or invasion of the rights of privacy, or laws of libel, resulting from our use of such materials or copies furnished pursuant hereto.
4. **I will not use or authorize others to use the material or copies furnished us, for any purpose whatsoever, including all forms of publication, except as expressly provided in this agreement, without first obtaining the written consent of the Oshkosh Public Museum.**
5. I agree to use the photograph provided without significantly altering the image through conventional or electronic means. Altering or manipulating the image beyond standard cropping and resizing requires further discussion with Museum Staff.
6. I will supply the following credit line when reproducing materials: **Courtesy of the Oshkosh Public Museum, Oshkosh, Wisconsin.** All reproductions must reference appropriate object identification numbers.
7. I am authorized to enter into this agreement on behalf of the organization named below and enter into this agreement on behalf of that organization and personally.
8. I further agree to adhere to the following specific restrictions:

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**Please complete the following (print or type):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_