Research Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) hereby apply for permission to consult the archival and/or artifact collection resources of the West Parry Sound District Museum (WPSDM) as a Researcher.

Terms and Conditions of Access:

1. Only **pencils** may be used when working with collection items. The use of pens and other marking devices is not permitted.
2. Researchers are not permitted to have food or drinks in the library area.
3. Any offences/bad behaviour will be addressed. If behaviour is not stopped, the researcher may be asked to leave. Implementation of more serious consequences will be determined by the Manager/Curator depending on the severity of the behaviour.
4. Researchers are not permitted access to collections storage areas unless permission has been granted by the Archivist or Curator.
5. Researchers are able to access Reference Materials within the Library area, but an appointment must be made to access collection materials. Please contact the West Parry Sound District Museum to arrange an appointment.
6. Archival materials must be maintained in their original order. Do not reorder items within a file or container. If you are unsure of the order, please get assistance from staff.
7. Researchers are not permitted to photocopy or photograph materials unless permission has been granted by the Archivist or Curator.
8. Researchers are not permitted to take Reference or Collections items out of the library space or to take them home.
9. When using an archival manuscript or photo collection, please wear the gloves provided.
10. Photographs of archival items are permitted, without flash, for research only. If the intent is to publish these materials a Reproduction Permission form must be filled out. Reproduction may be subject to the Museum’s Reproduction policies and/or fees for service.
11. The WPSDM may legally disclose personal information or provide access to personal information in its custody or under its control for archival or historical purposes if:
    1. the disclosure would not be an unreasonable invasion of personal privacy under Section 21 of the Freedom of Information and Protection of Privacy Act
    2. the information is about someone who has been deceased for 20 or more years, or
    3. the information is in a record that has been in existence for 100 or more years
12. Archival and cultural institutions balance the protection of the privacy of individuals against the public interest in disclosure, and thus there are circumstances where personal information may be still withheld from disclosure. The WPSDM is not obligated to disclose personal information.
13. The Researcher understands that all personal information that is disclosed shall only be used in accordance with the Freedom of Information and Protection of Privacy Act. It is the responsibility of the Researcher to be familiar with the Freedom of Information and Protection of Privacy Act.
14. Personal or other sensitive information made accessible to the Researcher may be only used for the research project outlined below. Personal information obtained through the course of research may not be disclosed to any other party. Separate research agreements must be signed for other research projects.
15. Per Article 31 of the United Nations Declaration on the Rights of Indigenous Peoples Act, the WPSDM recognizes that Indigenous people have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions. Researchers acknowledge that it is their duty to determine whether additional permission are required from Indigenous knowledge keepers for use of materials, including reproduction permission, and must seek those permissions themselves individually.

Note: Separate permission is required for the reproduction and/or publication of collection materials. Reproduction and licensing fees may apply. Please refer to the WPSDM’s Research and Reproduction Services Policy.

I have read the above Terms and Conditions and agree to abide by them.

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

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please supply email address or telephone number)

Summary of Research Project / Area of Interest

