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**AGREEMENT FORM**

Thank you for taking part in the West Yorkshire Queer Stories project. The purpose of this agreement is to ensure that your contribution is used and kept in accordance with your wishes.

**Participant agreement**

* I give my permission for any image, sound and video recordings taken of me and/or text written by me to be archived by the West Yorkshire Queer Stories project.
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Name of participant (block capitals) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signature of participant . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . .. . . . . . . . . . . . . .

Contact number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name of interviewer/creator of image(s) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signature of interviewer/creator of image(s) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .