

Museum Media Release and Credit Agreement

Museum Name: Twin Falls County Historical Society Museum (TFCHSM)

Address: 21337 Hwy 30, Filer Idaho 83328

Phone: 208-736-4675

Email: info@twinfallsmuseum.org

Website: twinfallsmuseum.org

Purpose:

This agreement outlines the terms under which Twin Falls County Historical Society Museum permits the use of its artifacts, images, and related materials by third parties, and ensures appropriate credit is given.

Grant of Permission

TFCHSM grants the undersigned individual or organization ("Licensee") permission to use the specified artifact(s), image(s), video(s), or other media ("Materials") provided by the Museum, subject to the following terms and conditions.

Scope of Use

- The Materials may only be used for the following purpose(s): documentary film, exhibition, publication, academic article, etc.
- Any other use requires prior written permission from TFCHSM.

Credit and Attribution

The Licensee agrees to provide visible and appropriate credit in the following format (or as otherwise approved by the Museum in writing):

Courtesy of Twin Falls County Historical Society Museum, Filer, Idaho

When applicable, additional credit for individual donors, artists, or collectors as specified by the Museum must also be included.

Ownership and Copyright

The Museum retains full ownership and copyright of all Materials provided. This agreement does **not** transfer any ownership rights to the Licensee.

Restrictions

The Licensee agrees **not** to:

- Alter, distort, or misrepresent the Materials.
- Use the Materials in any way that could damage the reputation of the Museum.
- Sell or sublicense the Materials.

Term and Termination

Permission is granted for a one-time use (unless otherwise stated), and the Museum may revoke permission at any time for just cause, with written notice.

Indemnification

The Licensee agrees to indemnify and hold harmless TFCHSM, its staff, board members, and affiliates from any claims arising out of the misuse of the Materials.

Agreement and Signature

By signing below, the Licensee agrees to the terms above.

Licensee Name: Logan Finney
Organization (if applicable): Idaho Public Television
Email: logan.finney@idahoptv.org
Phone: 208-627-9028
Signature: Logan Finney
Date: 9/9/2025

Museum Representative Name: Abby Haycock
Title: Museum Administrator
Signature: [Signature]
Date: 9/9/25

Optional Attachment

If specific images or items are being provided, attach a list of them as an appendix to the agreement.

- * Bryan family photo/portraits
- * Footage of poem on wood