



The Florida Holocaust Memorial

Release Agreement

Purpose of the Holocaust Memorial: In 2016 the Florida Legislature passed legislation creating section 265.005, Florida Statutes, establishing the Florida Holocaust Memorial (Memorial) to be managed by the Florida Department of Management Services (Department). The Memorial will permanently document the names of all Holocaust survivors who made Florida their home and will be placed on the Capitol Complex in Tallahassee.

This historic Memorial will feature Holocaust survivors' first and last names, Holocaust survivors' Florida city/cities of residence, and possibly images provided to the Department of the Holocaust survivors who came to make Florida their home.

This collection of Holocaust survivors' information will preserve and honor the memory of Holocaust survivors who have resided in Florida.

Consistent with these purposes, the Holocaust survivor's name, image, and Florida city of residence may be used, by itself or combined with others at this Memorial, without remuneration. By signing this Release Agreement, you expressly consent to the use of the Holocaust survivor's name, image, and Florida city of residence and release the Department, its officers, agents, and employees from all claims relating to the use of this information.

The Department will retain full rights and ownership of the Memorial and the full creative design of the Memorial.

The Holocaust survivor's name, images, and Florida city of residence, may appear in perpetuity in any artistic format within the Memorial design.

In addition, by signing this Release Agreement, you agree that the Holocaust survivor's name, images, and Florida city of residence may be used in perpetuity in any other medium, including literary, print, audio-visual, electronic (internet), and any other medium known or created in the future without remuneration.

By granting the Department the right to use the Holocaust survivor's name, images, and Florida city of residence, you understand that the Holocaust survivor will be permanently associated with having resided in the State of Florida.

Thank you for your contribution to the Florida Holocaust Memorial.

Name of Holocaust Survivor

First: _____ Middle: _____ Last: _____

Maiden Name: _____

Name as wish to appear: _____

City in Florida in which the Holocaust survivor resided or resides for affiliation:



An image of the Holocaust survivor may be included with this release to be provided to the Department for potential use for the Memorial.

By signing below, if not the Holocaust survivor, you are affirming that you have legal authority to provide consent to the use of the provided information on behalf of the Holocaust survivor, and agree on behalf of you, your heirs, assigns, and the like, to hold harmless, indemnify, and defend the Florida Department of Management Services from and against all liability, expenses, and costs arising from any claim against the Department's described use of the information provided by the Holocaust survivor.

Please sign below that you accept the terms stated in this Release.

Signature (Holocaust survivor or representative): _____

Date: _____

Relation to Holocaust survivor (if applicable): _____