

# *The State Historical Society of Missouri*

## Rules and Consent Form

- ➔ No food, beverages, or tobacco are allowed in the reading room.
- ➔ The use of scanners is prohibited.
- ➔ All material must be viewed in the research center.
- ➔ **ALL RESEARCHERS MUST:**
  - Present a photo ID.
  - Use pencils, **not** ink pens.
  - Complete the *Request form* for rare books and manuscript material.
  - Read and sign this *Rules and Consent* form.
  - Use care in handling all research materials, being careful not to mark or otherwise damage them.
  - When using manuscript material, keep items in exact order and return folders to the box in correct order.
- ➔ **THEFT OR MUTILATION OF RESEARCH MATERIALS IS A CRIME THAT WILL BE PROSECUTED.**
- ➔ All forms completed by the researcher will be kept by the Society for compiling use statistics. **Please return all forms to a staff member before leaving.**
- ➔ The Society reserves the right to refuse the use of any material. It may at any time prohibit the further use of its collections by a researcher for failure to comply with the above stated rules.
- ➔ After reading the rules above, please **sign below**, confirming that you have read and will comply with the rules stated herein.

### CONSENT

In consideration of my being granted permission to examine research material under the terms set forth on this form, I agree to indemnify and hold harmless the State Historical Society of Missouri, their officers, employees, and agents, from and against all claims and actions arising out of my use of the research material.

I HEREBY CONSENT TO THE SEARCH OF MY PERSON AND/OR BELONGINGS IN ORDER TO INSURE THAT I HAVE COMPLIED WITH THE RULES AND REGULATIONS UNDER WHICH I HAVE BEEN GRANTED PERMISSION TO USE THE COLLECTIONS OF THIS REPOSITORY.

\_\_\_\_\_  
Researcher's name (printed)

\_\_\_\_\_  
Email (optional)

\_\_\_\_\_  
Address (**including city, state and zip code**)

\_\_\_\_\_  
Phone (optional)

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Staff member's signature

\_\_\_\_\_  
Date

Would you like to receive email notifications?

Yes

No