

MUSEUM OF COMPARATIVE ZOOLOGY
DEPARTMENT OF VERTEBRATE PALEONTOLOGY
HARVARD UNIVERSITY
26 OXFORD STREET
CAMBRIDGE, MA 02138

MCZ VERTEBRATE PALEONTOLOGY 3D DATA USE AGREEMENT

SCAN-MAKER'S NAME (PRINT): _____ DATE: _____

INSTITUTIONAL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NAMES & INSTITUTIONS OF ALL COLLABORATORS ASSOCIATED WITH THIS PROJECT: _____

MATERIAL REQUESTED AND REASON FOR SCANNING (PLEASE DETAIL RESEARCH OBJECTIVE):

MCZ VP #	SPECIMEN DESCRIPTION & RESEARCH OBJECTIVE AS STATED IN PROJECT PROPOSAL

WILL YOU BE USING HARVARD FACILITIES FOR THIS SCAN? YES/NO. IF NO, EXPLAIN WHERE SPECIMEN(S) WILL BE SCANNED AND THE MODEL/MANUFACTURER OF SCANNER TO BE USED:

TYPE OF SCAN (E.G. microCT, laser): _____

LATEST DATE SCANS WILL BE SENT TO MCZ (90 days from scan date): _____

TRANSMITTAL METHOD AND FILE TYPES: _____

ALL RIGHTS PERTAINING TO THE RESULTING IMAGES (“THE SCANS”) ARE RETAINED BY THE MUSEUM OF COMPARATIVE ZOOLOGY DEPARTMENT OF VERTEBRATE PALEONTOLOGY (“MCZ VP”). THIS IS IN ACCORDANCE WITH THE MCZ’S PERMISSIONS AND COPYRIGHT POLICY WHICH CAN BE ACCESSED AT <https://mcz.harvard.edu/permissions-copyright>.

THE SCAN-MAKER SHOULD INITIAL AND SIGN BELOW ON BEHALF OF ALL COLLABORATORS TO ACKNOWLEDGE CONDITIONS OF USE AS SET OUT IN THIS FORM, THE POLICY FOR COLLECTION AND USE OF 3D DATA FROM MCZ VERTEBRATE PALEONTOLOGY COLLECTION (“POLICY”), AND THE MCZ COPYRIGHT POLICY.

SCAN-MAKER AND ALL COLLABORATORS ACKNOWLEDGE THEY AGREE TO AND HAVE SIGNED _____ THE MCZ VP “POLICY” FORM AND THE “MCZ COPYRIGHT” FORM.

SCAN-MAKER AND ALL COLLABORATORS ACKNOWLEDGE AND AGREE THAT THE SCANS AND/OR ANY DERIVATIVES THEREOF GENERATED ARE THE SOLE PROPERTY OF MCZ VP AND _____ HEREBY ASSIGN ANY COPYRIGHT IN THE SCANS TO MCZ VP.

SCAN-MAKER AND ALL COLLABORATORS AGREE TO PROVIDE MCZ VP WITH A DIGITAL COPY OF THE SCANS WITHIN 90 DAYS OF SCAN COMPLETION. DATA TRANSFER WILL INCLUDE ALL _____ RELEVANT FILES AND TYPES.

SCAN-MAKER AND ALL COLLABORATORS ACKNOWLEDGE AND AGREE THE SCANS HAVE A TWO-YEAR EXCLUSIVITY PERIOD AFTER WHICH TIME THE SCANS AND/OR ANY DERIVATIVES THEREOF CAN BE MADE AVAILABLE TO OTHER NON-HARVARD AFFILIATED RESEARCHERS. THIS EXCLUSIVITY PERIOD DOES NOT LIMIT MCZ VP RESEARCHERS FROM _____ RESCANNING/CALLING ON THE SCANS AS STATED IN THE “POLICY”.

SCAN-MAKER AND ALL COLLABORATORS ACKNOWLEDGE AND AGREE THEY WILL NOT _____ DISTRIBUTED THE SCAN DATA AND/OR DERIVATIVES THEREOF TO THIRD-PARTIES NOT COVERED BY THIS AGREEMENT.

SCAN-MAKER AND ALL COLLABORATORS AGREE TO ACKNOWLEDGE MCZ VP IN CONJUNCTION WITH ANY USE OF THE SCANS AND/OR ANY DERIVATIVES THEREOF AND ENSURE THAT MCZ VP CATALOG NUMBERS ARE GIVEN FOR ALL CITED SPECIMENS. SUCH USE INCLUDES ALL TYPES _____ OF RESEARCH AND EDUCATIONAL PUBLICATIONS AS WELL AS MEDIA COVERAGE.

SCAN-MAKER AND ALL COLLABORATORS ACKNOWLEDGE AND AGREE NOT TO CREATE ANY 3D _____ PRINTS OR OTHER PHYSICAL REPRESENTATIONS OF SPECIMEN(S) WITHOUT EXPRESS WRITTEN CONSENT OF MCZ VP.

SCAN-MAKER AND ALL COLLABORATORS ACKNOWLEDGE AND AGREE THAT USE OF THE SCANS AND/OR ANY DERIVATIVES THEREOF FOR COMMERCIAL PURPOSES (INCLUDING BUT NOT LIMITED TO TEXTBOOKS, GUIDEBOOKS, UNIVERSITY PUBLICATIONS, AND TOY MODELS) IS _____ STRICTLY PROHIBITED.

SCAN-MAKER HEREBY AGREES ON BEHALF OF ALL COLLABORATORS TO ANY ASSOCIATED CONDITIONS, ABOVE TERMS, AND THOSE SET FORTH IN BOTH THIS FORM AND THE POLICY FORM.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____