



## New England Ski Museum Temporary Custody Receipt & Deed of Gift

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The items described below are left in the custody of the New England Ski Museum ("Museum") for the following purpose:**

☐ To be considered as a gift for acquisition

☐ Other; please specify: \_\_\_\_\_

**If the Museum decides not to accept the item(s) for acquisition:**

☐ I want to be notified via ☐ Email or ☐ Phone call, and I will pick up the item(s) within 30 days of notification. If I don't pick up the item(s) within 30 days, the item(s) will be forfeited to the Museum. If forfeited, the Museum may discard or sell the item(s) to benefit the Museum.

☐ The Museum may offer the item(s) for sale to benefit collections care; or it may discard them.

**☐ I certify that I own the items described below** and desire to give this personal property to the New England Ski Museum. I unconditionally give and transfer to the New England Ski Museum all rights, title, and interest, including all copyright, trademark, and related interests, in and to the property described below. In addition, if applicable, I give permission to the Museum to transfer to third parties the right of quotations from or publication of the materials.

Property left in the Museum's custody is done at the owner's risk and the Museum is not responsible for it. Items with significant damage, missing parts, mold, mildew, strong odors, or stains will not be accepted.

With my signature below I accept the foregoing conditions.

**Signature**

**Donor/Agent:**

\_\_\_\_\_

Date: \_\_\_\_\_

**Description of Gifted Property** (by Donor):

(Please include information relating to dates, names, places, and significance, if known.)

**FOR STAFF:** I acknowledge that the New England Ski Museum has received the items listed above:

Museum Representative: \_\_\_\_\_ Date: \_\_\_\_\_

☐ It was decided not to accession the item(s); Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Donor notified on: \_\_\_\_\_ by ☐ email; ☐ phone call; ☐ voicemail; by Staff:

\_\_\_\_\_  
☐ Accessioned; Date: \_\_\_\_\_ Staff: \_\_\_\_\_ ; Ackn. Date: \_\_\_\_\_ Accn #:

\_\_\_\_\_  
*Approved by the Collections Committee Dec. 2024*