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User agrees to use the Data received under this Agreement only for non-commercial linguistic education, research and technology development.

User may include limited excerpts from the Data in articles, reports and other documents describing the results of User’s non-commercial linguistic education, research and technology development. Unless explicitly permitted herein, User shall not otherwise publish, retransmit, disclose, display, copy, reproduce or redistribute the Data. User shall have no right to copy, redistribute, transmit, publish or otherwise use the Data for any other purpose.

Please see the README in each delivery archive for more details on the Data.

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1. Insert the following statement in any product, report, publication, presentation, and/or other document that references the data: “This product contains or makes use of IARPA data, IARPA Babel Amharic Language Pack, IARPA-babel307b-v1.0b (LDC2019S22).”
2. Accept the Data “as is.” User is solely responsible for any damage that may arise from its use of the Data. User agrees to hold the US Government (“USG”), the source of the Data, harmless and to indemnify the USG for all liabilities, demands, damages, expenses and losses arising out of its use for any purpose of the Data. Unless prohibited by law, User assumes all liability for claims for damages against it by third parties which may arise from the use, storage, or disposal of the Data, regardless of whether such liability is based on breach of contract, tort, strict liability, breach of warranties, infringement of intellectual property, failure of essential purpose or otherwise.
3. Not further distribute the Data.

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User shall send a signed copy of this agreement to LDC (1) by email to ldc@ldc.upenn.edu or (2) by facsimile, Attention: Membership Office, +1 215-573-2175.

The Signature of an authorized representative of User is an acknowledgment of User’s obligations as described above.

_________________________ ___________________________ ___________________________ ___________________________
Printed Name Signature Date

Name of Organization: _______________________________________
Phone Number:  ____________

Mailing Address:  ____________

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