For-Profit Member User License Agreement for IARPA Babel Guarani
Language Pack, IARPA-babel305b-v1.0c (LDC2019S08)

User agrees to use the data designated as IARPA Babel Guarani
Language Pack, IARPA-babel305b-v1.0c (LDC2019S08) (the “Data”) and distributed by the Linguistic
Data Consortium (“LDC”) subject to the provisions of the LDC For-Profit Membership Agreement and to the
following understandings, terms and conditions.

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As a recipient of the Data, User agrees to:

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 Guarani Language
   Pack, IARPA-babel305b-v1.0c (LDC2019S08).”

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
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   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
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User shall give appropriate reference to the Data in scholarly publications whenever they are mentioned. The following
citation format is required:

Lucy Andresen, Aric Bills, Claudia Brugman, Thomas Connors, Anne David, Eyal Dubinski, Jon Fiscus, Ketty Gann, Mary
Harper, Michael Kazi, Hanh Le, Nicolas Malyska, Arlene Maurillo, Jennifer Melot, Shelley Paget, Jane Elizabeth Prebble,
Jessica Ray, Fred Richardson, Anton Rytting, Sinney Shen. IARPA Babel Guarani Language Pack, IARPA-babel305b-

User shall send a signed copy of this agreement to LDC (1) by email to ldc@ldc.upenn.edu
(mailto: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: ______________________________