For-Profit Member User License Agreement for IARPA Babel Swahili Language Pack, IARPA-babel202b-v1.0d (LDC2017S05)

__User__ agrees to use the data designated as __IARPA Babel Swahili Language Pack, IARPA-babel202b-v1.0d (LDC2017S05)__ (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.

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

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 Swahili Language Pack, IARPA-babel202b-v1.0d (LDC2017S05)__.”

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.

LDC has entered into a License Agreement with IARPA to distribute the Data. Under the terms of that License Agreement, LDC may be required to identify recipients of the Data to IARPA.

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


__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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