For-Profit Member User License Agreement for IARPA Babel Tagalog Language Pack, IARPA-babel106-v0.2g (LDC2016S13)

_“User”_ agrees to use the data designated as _IARPA Babel Tagalog Language Pack, IARPA-babel106-v0.2g (LDC2016S13)_ (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 Tagalog Language Pack, IARPA-babel106-v0.2g (LDC2016S13)_.

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_ (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:

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Phone Number:

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Mailing Address:

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