THE RIDGES SANCTUARY DATA USE AGREEMENT

Between The Ridges Sanctuary

and _____ ("Researchers")

Effective Date: _____

Project Title: _____

Principal Investigator(s): _____

1. PURPOSE

This Agreement outlines the terms under which the Institution and its affiliated Researchers may use any data, findings, or derivatives collected during the course of research on The Ridges Sanctuary property.

2. DATA OWNERSHIP & INTELLECTUAL PROPERTY

2.1. **Ownership**: All data collected, generated, or derived while on The Ridges Sanctuary property ("Sanctuary Data") is the intellectual property of The Ridges Sanctuary.

2.2. **Custody of Data**: Sanctuary Data generated by Researchers may be retained only for use in an approved project (see: https://doi.org/10.7910/DVN/0UH2QU). Such data must be submitted to the Ridges Sanctuary within 30 days of creation or upon request.

2.3. **Prohibition on Unauthorized Use**: Sanctuary Data may not be shared, sold, archived in public repositories, or used for unrelated purposes without written permission from The Ridges Sanctuary in the form of this document.

2.4. **Derived Works**: Derived analyses and publications remain the property of the Researcher, but subject to publication and attribution conditions (see Section 3.2).

3. PUBLICATION & ATTRIBUTION

3.1. **Review Prior to Publication**: Any work using Sanctuary Data must be submitted to the Ridges Sanctuary at least 30 days prior to public dissemination.

3.2. **Required Attribution** (insert in publication acknowledgments):

"Data used in this study were collected with the permission of The Ridges Sanctuary, Baileys Harbor, Wisconsin. Use of these data is by agreement and with the intellectual property rights retained by The Ridges Sanctuary Data Use Agreement (see: https://doi.org/10.7910/DVN/XOWSKJ)".

3.3. **Co-Authorship**: Where Sanctuary staff contribute materially, co-authorship will be offered in good faith.

SIGNATURES

For The Ridges Sanctuary, Inc.

Name: _____

Title: _____

Signature: _____

Date: _____

For Researcher/Institution

Institution Name: _____

Representative Name: _____

Title: _____

Signature: _____

Date: _____