Consent to record form:

I, (name)_____, hereby give permission to be recorded on

(date)_____, on the occasion of (such as, presentation, personal story, etc.):

_____

I consent to this recording being published on the Area 15 website and any future Area 15 social media platform if one is approved by the Area 15 body. I extend these rights upon the condition that I and other A.A. members shall remain anonymous at the public level. As such, I am responsible for protecting my anonymity and the anonymity of other members of Alcoholics Anonymous and I understand that Area 15 reserves the right to edit the recording for compliance with area 15 current practice.

If you wish to add any restrictions on how this recording is used, mark the option below or write in your condition below the checkbox options:

☐ The recording may be used for archival purposes only and may not be made available on the website.

☐ Other – specify below:
note: If Area 15 cannot comply with your restriction, the recording will not be published

_____

Access to the recording will include a statement that the presenter does not represent Alcoholics Anonymous © as a whole.

I certify that I am over eighteen years of age and competent to contract in my own name. I acknowledge that I cannot participate in the recording unless I provide my permission.

If I choose to discontinue participation, I will provide written notice to the parties involved (Area 15 officers and/or standing committee members).

By signing this form, I acknowledge that I have completely read and fully understand the above consent and release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for any lawful purpose whatsoever.

Signature_____

Printed name of speaker_____

Address_____

City, State, ZIP_____

Date_____