

**RECORDING RELEASE FOR CENTRAL JERSEY INTERGROUP
OF OVEREATERS ANONYMOUS, INC.**

Event Name: _____

Event Date: _____
Month/Day/Year

Event Location: _____
City, State

I grant Central Jersey Intergroup of Overeaters Anonymous, Inc. the perpetual right to use recordings of my voice made in connection with the above Event Name on the Event Date at the Event Location in any legitimate manner at the discretion of the Central Jersey Intergroup of Overeaters Anonymous, Inc. I relinquish all rights, title and interest I have in the recordings of marathons, panels, workshops, opening or closing, or any reproductions made of it.

To the best of my knowledge, the Presentation and Presentation Materials are my own original material or material for which I have full authority to grant the rights set forth in this Recording Release.

Print Name:

Signature:

Check All That Apply*:

_____	_____	<input type="checkbox"/> CO <input type="checkbox"/> AB <input type="checkbox"/> 100 <input type="checkbox"/> MA <input type="checkbox"/> GL <input type="checkbox"/> MP
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*CO = Compulsive Overeater; AB = Anorexic/Bulimic; 100 = 100 Pounder; MA = Multiple Addictions;
GL = Gay/Lesbian; MP = Minority/Person of Color