



**SACRAMENTO VALLEY INTERGROUP OF
OVEREATERS ANONYMOUS (SVIOA)
EVENT SPEAKER RELEASE FORM**

THE EVENT TITLE:

DATE OF EVENT:

Speaker agrees to adhere to SVIOA's speaker guidelines:

- 1. Speakers will identify as members of Overeaters Anonymous;**
- 2. Speakers will share their experience, strength and hope in OA and share on the theme of the event;**
- 3. Speakers will only refer to OA approved literature;**
- 4. Speakers will not endorse, finance, or lend the OA name to any related facility or outside enterprise; and**
- 5. Speakers will honor and respect OA's steps, traditions, and concepts to the best of their ability.**

I hereby grant SVIOA the perpetual right to use recordings made of my voice at SVIOA-sponsored events in any legitimate manner at the discretion of SVIOA. I relinquish all rights to such recordings and reproduction of same.

***SIGNATURE** _____

DATE _____

PRINT NAME _____

CITY AND STATE _____

(City/State are added to the podcast title)

***Email reply from speaker attesting to the above is acceptable in lieu of signature.**