

CoDA Audio/Video Submission User Waiver

Name _____ Date _____

Purpose _____

Please submit this form before permitting audio/video recording or posting

If you agree to the terms and conditions of this agreement, check the “yes” box below, thus allowing yourself to be recorded, for use in our Fellowship

If copyrights are involved and need to be signed over to CoDA, please check the copyright box
By permitting myself to be recorded, I agree to the following:

- No compensation of any kind will be paid to me by any person or entity affiliated with Co-Dependents Anonymous, Inc. (CoDA Inc.) in connection with the making, recording or distribution of this recording, including any proceeds from the sale of this recording to members of CoDA or other parties.
- I understand that this recording may be published or disseminated and will not be material endorsed or approved by CoDA.
- I agree that Co-Dependents Anonymous (CoDA) and CoDA Resource Publishing Inc. (CoRe) have the right to revise, edit and review my recording prior to public distribution or sale and to make such changes, revisions, corrections, deletions or minor additions as it deems appropriate and in line with CoDA Steps and Traditions.
- I grant CoDA the right to use my voice in media, whether now known or hereafter devised, and in all forms including, without limitation, audio recordings with or without video, throughout the universe in perpetuity, whether for public relations or attraction purposes, including, without limitation, without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless CoDA for any Claims associated with such grant and right to use. CoDA, however, is under no obligation to exercise any rights granted herein.

Submission and User Waiver:

Yes, I have read and agree to this CoDA Submission and User Waiver, and thus agree to be recorded.

I hereby transfer all copyrights, title and interest in and to this recording to CoDA Inc. in any electronic or audio format so long as my last name is not used.

Print Name: _____ Date: _____

SIGNATURE: _____

(Please scan and return to codaadmin@coda.org)