

AREA 15 LOCAL WAIVER FORM FOR AA INTERVIEWS AND RECORDING

INTRODUCTORY LETTER WAIVER

The enclosed waiver should be used for all of our local interviews or recordings of any of our AA members.

The Area 15 Archives Committee has come up with a local form instead of using the form that was devised for the interviewing an individual for GSO archival purposes. (This is very long and very detailed and is a service piece offered by GSO-developed in 2007). It is strongly suggested as per the agenda items for GSO for 2007 that we all follow some sort of written waiver to protect our anonymity and our copyright to our own personal stories. We need not be anonymous to ourselves but we do need to be anonymous to the public. (TRADITIONS 11 and 12)

Please inform your local district chairpersons and local recording companies of this suggestion. It is hoped that all districts would be accommodating to follow the guidelines set up for GSO and use them locally with this form.

Love and Service-Area 15 Archives Committee

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I, _____ (name of speaker), hereby give permission to be recorded on _____ (insert date), on the occasion of _____ [oral history, presentation, speaker's meeting, etc.]

Please check one to indicate how you prefer this recording to be used:

____ I transfer to the [include name of taper and/or the name of the Archives interviewer, as appropriate] legal title and all literary rights, including copyright. I understand the interview may be made available for research and such programming as the [include name] may determine. I transfer all of the above rights without limitation **upon the condition that I, and any other A.A. member I identify, remain anonymous at the level of the public media, (including, but not limited to, any newspapers, internet, radio, television, I-pod, press, or other existing or future form of communication which would be available to the general public, rather than just to members of AA)**

____ I transfer legal title and literary rights, including copyright, but I request the following additional restrictions on the use of this recording:

____ I **ONLY** permit this recording to be placed in the [include name] Archives, for historical purposes only, with the following caveats/conditions:

Speaker's Signature _____
Printed name of speaker _____
Address _____
City, State, ZIP _____
Date _____

Interviewer's Signature _____
Printed name of Interviewer _____
Address _____
City, State, ZIP _____
Date _____

Designated Recording Company Signature _____
Printed name of Recording person _____
Address _____
City, State, ZIP _____
Date _____

Comments _____

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January 2008