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# Real Recovery Podcast Inc.

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## Real Recovery Podcast Release Form

Date of Today: \_\_\_\_\_

Episode Title (Optional): \_\_\_\_\_

Episode Date (Optional): \_\_\_\_\_

Guest Name (First and Last or Alias + Last Initial):

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Choose to remain Anonymous: Yes \_\_\_ No \_\_\_

### **Agreement:**

I hereby give my permission to the Real Recovery Podcast to use my voice, name (unless anonymous), image (if applicable), and content shared during the episode. I understand that I will not receive any compensation for my participation and hereby release any claims against the podcast related to my participation.

I have read this release form and fully understand its terms. By signing below, I consent to the conditions outlined in this agreement.

**Signature (First name and sober date or birthdate):**

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