



Release Form

The following release form must accompany all submissions to “*Our Gratitude Speaks Newsletter*”
Mail to Passaic Service Area P.O. Box 2226 Clifton, N.J. 07015-2226

I hereby give *Our Gratitude Speaks*, their successors, assignees and those who act in their authority permission to publish the attached article or other written material pertaining to my personal experiences with or opinions about the NA fellowship or program. I understand that my material may be edited. I possess full legal capacity to exercise this authorization and hereby release *Our Gratitude Speaks* and the *Narcotics Anonymous fellowship* and its service board and committees from any claim by myself, my successors and / or assignees.

Name (please print): _____

Phone Number (for verification): _____

Signature: _____ Date: _____

Witness: _____ Date: _____

The opinions expressed in *Our Gratitude Speaks* do not necessarily reflect the opinion of any member of the Newsletter Committee or that of NA as a whole. All submissions become the property of *Our Gratitude Speaks* whether or not you sign the release form. Submissions may be edited for length, language and adherence to the 12 Traditions of Narcotics Anonymous