



**Concerned Black Men**  
Philadelphia Chapter

**Concerned Black Men, Inc.** - Philadelphia Chapter  
7200 North 21<sup>st</sup> Street, Philadelphia PA 19138 (215) 276 - 2260  
[www.cbmphila.org](http://www.cbmphila.org)

**Photo/Media Release Form**

I give Concerned Black Men, Inc. of Philadelphia (CBM) permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against CBM with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

I release the Concerned Black Men, Inc. of Philadelphia from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Concerned Black Men, Inc. of Philadelphia to use their photographs and names

I release the Concerned Black Men, Inc. of Philadelphia , its contractors and its membership from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I hereby grant CBM permission to display in the news media or electronically via the internet or in other forms, the artwork, project or other display created by my child in connection with the CBM sponsored programs. In addition, I grant CBM permission to use my child’s photograph to reproduce, copyright, publish or circulate in the news media, electronically or in displays. I also consent the use of my child’s name, grade level and school.

By signing this, I hereby release Concerned Black Men, Inc. of Philadelphia, its membership and its legal representatives from all claims and liability relating to said photographs, video and digital images.

Print Name of Parent or Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Names and Ages of Minor Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_