



Photo Release Form

I give permission to Akoma Rites of Passage and the Alliance of Black Social Workers to publish or display pictures of my child and/or myself for use in future for Akoma Rites of Passage and the Alliance of Black Social Workers publications such as but not limited to : brochures, websites, multimedia presentations, and social media.

Please check: _____yes _____no

Do you agree that if photos are take of you or your child, with your permission, I give Akoma Rites of Passage and the Alliance of Black Social Workers permission to publish in print, electronic or video format the likeness that you do not expect, nor require, any compensation for the reproduction or image of my child or myself. I release all claims against Akoma Rites of Passage and the Alliance of Black Social Workers with respect to copyright ownership and of such photos and video now or in the future?

Please check ____yes ____ no

Minor's Name: _____

Your name (Parent/Guardian) please print_____

Your Signature:_____

Date:_____