

Care Locker Initiative, Inc.

Media and Public Acknowledgment Permission

Partner/Program Name: _____

Representative Name: _____

Please check any that apply:

I give permission for Care Locker Initiative, Inc. to publicly name and tag me and/or my program as a trusted community partner.

I give permission for Care Locker Initiative, Inc. to publicly name my program, but not tag me.

I give permission for Care Locker Initiative, Inc. to mention the partnership without naming me or my program.

I prefer to remain a silent community partner.

I give permission for Care Locker Initiative, Inc. to share photos related to this partnership, but only if the photos are provided by me personally or approved by me personally before posting.

I do not give permission for photos related to my program or this partnership to be shared publicly.

Any photo sharing must also follow the partner's own media policies and any required parent or guardian permissions.

Partner Signature: _____

Printed Name: _____

Title: _____

Date: _____