New York State Youth Justice Institute Empowering Youth Voices Contest Consent Form

All entrants must complete this form in order to be considered for the Empowering Youth Voices Contest.

| First Name | Last Name | Age |
|--|--|---|
| Grade (if applicable) | School/Organization | State |
| Email Address for Results Notif | ication | |
| Please print your first and last | name on the line in the paragraph below | : |
| that I submit along with my firs | ant permission to the New York State Yout t name and last initial (only if indicated be er, email blasts, and other general publica | low), age, grade, and state for use o |
| Please initial the paragraph be | low which is applicable to your present si | tuation: |
| this release form before form. I understand that those questions in write and knowledgeable act. 1. ———————————————————————————————— | years of age or older and I am competent to e signing below, and I fully understand that I am free to address any specific questioning prior to signing, and I agree that my faceptance of this release. parent or legal guardian of the above-nare submit an entry to the Empowering Youthon, I consent to the entry's publication as displayed before signing below, and I fully understand that I am free to address any specific questions in writing prior to signing, and I agreemed knowledgeable acceptance of this release | e contents, meaning, and impact of ns regarding this release by submittable to do so will be interpreted as med child. I grant permission for the Voices Contest, and if that entry is described in paragraph 1 above. I hand the contents, meaning, and impacts the contents of the contents |
| Signature of Entrant: | Date: | |
| Name (please print): | | |
| Signature of parent of legal gua | rdian (if under 18 years of age): | |
| Name (please print): | Date: | |
| Please select which ONE prom | pt you plan to respond to: | |
| What would you like tell your fu | iture self? | |
| What would you like to tell the | youth of the future? | |
| What would you like to tell a sp | | |
| Please select how you would li | ke your name to be published with your v | work: |

Anonymous

First name and last initial