



Self-Advocate Transition Tip Contest Release Form

I am a person who experiences an intellectual and/or developmental disability between the ages of 14-21 and am in the process of transitioning into NJ's adult disability service system.

I give permission for the NJ Youth Transition Conference to use my Self-Advocate Transition Tip video recording on social media platforms, the NJ YTC website, email campaigns and during the online NJ Youth Transition Conference.

I understand that the first 25 Self-Advocate Transition Tip Contest submissions will receive a \$25 Visa Gift Card. If I am one of the first 25 video submissions for the Self-Advocate Transition Tip Contest, I will receive a \$25 Visa Gift Card mailed to my home.

I understand that if I am one of the first 25 video submissions, the \$25 Visa Gift Card will be mailed on May 1st, 2023.

My First Name:

My Last Name:

My Age:

My School:

My Mailing Address:

(to receive the \$25 Visa Gift Card)

My Signature:

My Legal Guardian's First Name:

My Legal Guardian's Last Name:

My Legal Guardian's Signature: