

Kids' Art Contest!

Over 90 images will be chosen!

Are you between 5 and 21 years old and love to draw, color or paint? Then we need you!

Enter this contest for an opportunity to have your amazing artwork displayed in the new Bellin Health Children & Adolescent Center in Ashwaubenon!

We're looking for children/adolescent-friendly artwork that represents what community means to you.

This is your big opportunity to share your amazing works of art with thousands of area kids and their families! Enter today!



Entrants:

- Children/young adults ages 5-21.
- Submitters do not have to be Bellin Health patients.

Submissions Process:

- Drop off your artwork and signed consent form during regular business hours at:
 - Bellin Health De Pere East, 555 Redbird Circle; or
 - Bellin Health Howard, 2714 Riverview Drive
- **Deadline for drop off is Thursday, May 1.**
- One entry per person.
- Artwork remains property of Bellin Health and will not be returned.

Artwork:

- Artwork must be on an 11x17 sheet of paper. Horizontal or vertical format acceptable.
- Theme: "what community means to you."
- Artwork should be hand drawn and may not contain any photos, copyrighted images or violent imagery.

Winner Notification:

- Will we use a blind judging process to choose art pieces for display.
- Children whose artwork is chosen will receive a certificate and be invited for a special building tour to view it.
- First name and age will be displayed with chosen artwork.
- Artwork not selected will be saved for possible future use and will not be returned.

bellinhealth
Children & Adolescent Center

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HEALTH
by Bellin

PHOTO/VIDEO/ARTWORK RELEASE CONSENT FORM

Student Name: _____ Age: _____
Mailing Address: _____
City: _____ State/Zip: _____
Name of School: _____ Grade: _____
Name of Parent or Legal Guardian: _____
Phone: _____ Email: _____
Event Name: _____

This form must be filled out by the Student or, if the Student is under 18 years old, by a Parent or Legal Guardian of the Student.

PLEASE NOTE: STUDENT WORK WILL NOT BE CONSIDERED UNTIL THIS CONSENT FORM IS SUBMITTED

BY SIGNING BELOW, THE STUDENT NAMED ABOVE AND, IF APPLICABLE, THE PARENT/LEGAL GUARDIAN OF THE STUDENT, EACH AGREE TO THE BELOW PHOTO/VIDEO/ARTWORK RELEASE CONSENT AND ORIGINALITY CERTIFICATION.

Bellin Memorial Hospital, Inc., and its affiliates (collectively, "Bellin Health") appreciates your willingness to submit a piece of original artwork for consideration in the art contest ("Event"). In order to submit a piece of artwork created by you the Student ("Student Art") in the Event, the Student and Parent/Legal Guardian, if applicable, hereby agree as follows:

Photo/Video Consent: I give permission for Student and each Parent, Legal Guardian, and member of Student's family who participate in the Event ("Related Participant") to be photographed, filmed, recorded, and/or interviewed in connection with the Event. I consent to and authorize the unlimited use and reproduction by Bellin Health of any and all photographs, recordings, videotapes, and/or other reproductions of likeness of Student's and each Related Participant's person or characteristics ("reproductions") for any purpose whatsoever, without compensation to Student, any Related Participant, or any other person. All reproductions shall be the property of Bellin Health, solely and completely. Further, I assign and release all rights to said reproductions and authorize Bellin Health, and others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, without limitation, notice, inspection, or approval by Student, Parent/Legal Guardian, or any other Related Participant, or any other person, and without compensation, in perpetuity.

Student Art Consent: I give permission to Bellin Health to display Student's Art in any of Bellin Health's facilities, to photograph, film, or otherwise record Student's Art, and to reproduce Student's Art in whole, in part, or composite ("Art reproductions") and I consent to and authorize the unlimited use and reproduction by Bellin Health of the Student Art and Art reproductions for any purpose whatsoever, without compensation to Student, Parent/Legal Guardian, any Related Participant, or any other person. All Student Art and Art reproductions shall be the property of Bellin Health, solely and completely. I authorize Bellin Health, and others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said Student Art and Art reproductions in whole or in part over or in any medium whatsoever, without limitation, notice, inspection, or approval by Student, Parent/Legal Guardian, or any other Related Participant, or any other person, and without compensation, in perpetuity.

Originality Certification: The Student, and Parent/Legal Guardian if applicable, certify that the Student's Art is the Student's original work and is not a reproduction, in whole or in part, of any another piece of art.

Release of Liability: I release, discharge, and agree to hold harmless Bellin Health, the producers, and any other persons or entities acting under Bellin Health's permission or authority, and their respective officers, directors, agents, representatives, employees, successors, and assigns, from any and all claims, demands, and liability arising from or otherwise related to such reproductions and Art reproductions and use thereof.

I acknowledge that the Student Art submitted for the Event becomes property of Bellin Health and Bellin Health has the right to retain the Student's Art for a duration of time to be determined solely by Bellin Health. I further acknowledge that Bellin Health is not liable for any loss, damage, or theft of Student's Art.

I have read Bellin Health's Rules and Guidelines for the Event, and I agree to comply with such rules and guidelines.

The agreements and acknowledgements above shall be binding upon the person signing below, Student, each Related Participant, and their respective heirs, successors, and assigns. I represent and warrant that I am authorized to execute this Photo/Video/Artwork Release Consent Form on behalf of myself, the Student, and each Related Participant.

I have read/had read to me the above. I have had the chance to talk about any questions and concerns, which were answered to my satisfaction. I understand and agree with the above.



Signature of Student, Parent, or Legal Guardian



date



Printed name of person signing above