**Lower Shore Addiction Awareness Visual Arts Competition**

**2025 Entry Form**

***Thank you for entering a work in the United Way’s Lower Shore Addiction Awareness Visual Arts Competition. Please keep in mind the following instructions:***

* The competition is open to any current high school public, private, or home school student in Dorchester, Somerset, Wicomico and Worcester Counties.
* Each student may submit one work.
* **Entries must be submitted to United Way before 5:00 pm on Friday April 4, 2025.**
* All entries are to be delivered to United Way of the Lower Eastern Shore, 803 N. Salisbury Blvd., Suite 2100, Salisbury, MD 21801. Office hours are Monday through Friday, 8:30 am to 5 pm.
* Each work must be clearly marked with the student’s name, grade, teacher’s name and school, and be accompanied by this completed form.
* **Works may be in any media including painting, drawing, photography, sculpture, digital design.**
* Works are to be no larger than 28 inches x 28 inches, including any mat, frame, etc., and weigh no more than 10 pounds.
* Prizes will be $600 for Best in Show, $500 for first, $300 for Second, and $200 for Third. 1st, 2nd, and 3rd place will be awarded in each county.
* 2D works must be matted or framed, and ready to hang.
* The theme of the work must be opioid or other drug and/or alcohol recovery.
* For questions, please contact Briana Curtis 410-202-0046 or Briana@uwles.org.
* PLEASE WRITE LEGIBLY

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Artwork:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Grade**: \_\_\_\_

**Teacher Name (homeroom or art):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian Consent**:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in this art competition for the purposes of fostering awareness of the opioid/heroin & addiction epidemic.

**Release for Minors**

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to the United Way of the Lower Eastern Shore (UWLES), and others working with UWLES or on its behalf, and each of its respective licensees, successors, and assigns, the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce or otherwise exploit my name, picture, likeness and voice, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised), anywhere in the world, by any persons of entities deemed appropriate by UWLES, for any purpose including, without limitation, any use for educational advertising, non-commercial, or commercial purposes;

2. I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based on invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness, or voice. I hereby release and hold harmless UWLES, and any persons or entities acting on behalf or at the direction of UWLES, from any claim for injury, compensation, or negligence resulting or arising from any activities authorized by this release.

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release for Minors**

(Those under the age of 18)

I, the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Parent/Guardian: (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_