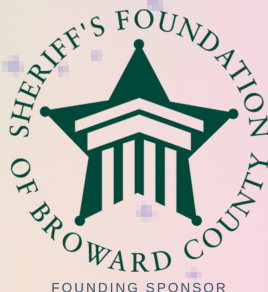


# MENTAL HEALTH AWARENESS

## ART POSTER CONTEST FOR

### 7TH ANNUAL BROWARD MENTAL HEALTH SUMMIT

Presented by



Creating Awareness Through **ART**

Create A Masterpiece Representing Mental Health, Wellness, and Resiliency!




## Calling all Broward Students to Participate!

### 3 WINNERS

One From Elementary, Middle & High School

### \$250

1 Grand prize winner art will be the official poster for the 7th Annual Broward Mental Health Summit on 9/12/2024.

-  Send all entries via BCPS PONY to: Student Services- Att K. Young
-  Entries MUST include Student Name, Grade, Contact #, and E-mail
-  The waiver MUST be completed and included with the entry to be judged

## DEADLINE: MAY 10TH 2024



Baptist  
Health



FamilyCenter  
FOR RECOVERY



Established 1915  
**BROWARD**  
County Public Schools

BROWARD  
MENTAL  
HEALTH  
SUMMIT



**PARTICIPATION FORM VIDEO CONTEST**  
**7<sup>th</sup> ANNUAL BROWARD MENTAL HEALTH SUMMIT ART POSTER CONSENT AND**  
**RELEASE FORM**

The Sheriff's Foundation of Broward County, Inc., has provided the undersigned the opportunity to participate in a Video Contest for the 7<sup>th</sup> Annual Broward Mental Health Summit. (the "Event"). I, the undersigned, am the parent or legal guardian of the below listed minor child, 18 years or younger ("My Child"), and in consideration of the opportunity to participate in this Art Poster Contest and Event, do hereby voluntarily release, discharge, waive, and relinquish any rights to the art created and submitted by the below listed minor child and all actions or causes of action, as applicable, arising as a result of my/My Child's participation in this Video Contest and Event, or any activities incidental thereto, wherever or however the same may occur. I give my consent for My Child to participate in this Art Poster Contest. I, for myself, for My Child as applicable, and our heirs, executors, administrators, and assigns, hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for me and for my estate, and agree that under no circumstances will we nor our heirs, executors, administrators, and assigns prosecute or present any claim against the Sheriff's Foundation of Broward and/or organizers of the 7<sup>th</sup> Annual Broward Mental Health Summit, and their respective officers, employees and agents (collectively, "Sheriff").

I further hereby give my consent to Sheriff and, if applicable, to a film/production company duly authorized and approved by Sheriff to photograph/film the Event, to: A) to use, reproduce, exhibit, sell, or stream the video submitted by My Child to the Art Poster Competition; B) to record my/My Child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium and to use my/My Child's name in connection with these recordings; and C) to use, reproduce, exhibit, or distribute these recordings in whole or in part in perpetuity in any and all media throughout the universe (including but not limited to print publications, video tapes, non-theatrical, home video, CD-ROM, internet and any other electronic or other medium presently in existence or invented in the future) for any purpose that is deemed appropriate, including promotional, recruiting, advertising and any commercial or non-commercial use. I understand and agree that all submitted original videos and such recordings, in whatever medium, shall remain the property of Sheriff. I hereby release Sheriff and the organizers of the 7<sup>th</sup> Annual Broward Mental Health Summit from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I/My Child may hereafter have from liability for any violation of any personal or proprietary right I/My Child may have in connection with such use of my/My Child's art, likeness, voice, or name in any medium, and expressly waive any rights to privacy I/My Child may have under the Family Educational Rights and Privacy Act ("FERPA") and/or §1002.22, Fla. Stat.

**I, the undersigned, have read this Art/Photographic Consent and Release Form, and fully understand all of its terms. I execute it voluntarily and with full knowledge of its significance.**

\_\_\_\_\_  
**Print Name of Student Participant/ Nombre del Estudiante:**  
*(Those under 18 must also have parent/guardian signature below)*

\_\_\_\_\_  
**Date/Fecha**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian of Participant/  
Firma de Padre o Madre del Estudiante**

\_\_\_\_\_  
**Date /Fecha**

## *Guidelines*

- Original Student work only
- Poster size (Vertical) no longer than 24 x36
- 2D (flat) design only

Questions? Contact María Barragán- Casado  
[maria.barragan@browardschools.com](mailto:maria.barragan@browardschools.com)