



Naugatuck Valley Health District

PUBLIC HEALTH ART CONTEST



"During the first full week of April each year, the American Public Health Association (APHA) brings together communities across the United States to observe National Public Health Week (NPHW) as a time to recognize the contributions of public health and highlight issues that are important to improving our nation's health." (APHA, 2019). This year NVHD challenges anyone 5-18 years of age that lives in one of the six (6) towns covered by NVHD to participate in a Public Health Art Contest!

(Ansonia, Beacon Falls, Derby, Naugatuck, Seymour and Shelton)



CONTEST AGE CATEGORIES & 1ST PLACE PRIZES:

5 - 8 years

The Giggling Pig Art &
Party Studio LLC. Gift Card

9 - 12 years

Sports Center of
Connecticut Gift Card

13 - 18 years

Robeks Fresh Juices &
Smoothies Gift Card

DRAWINGS MUST INCORPORATE ONE OF THE 3 THEMES BELOW:

1. Mental Health
2. Food Safety
3. Vaccinations



SUBMISSION OPTIONS:

1. **Email your masterpiece and Art Contest Release Form:** Take a photo of your artwork and submit it to amichaud@nvhd.org.
2. **Mail OR drop-off your masterpiece and Art Contest Release Form to:**
Naugatuck Valley Health District
Attention: Amanda Michaud
98 Bank Street, Seymour, CT 06483

SUBMISSION DEADLINE: MONDAY, MAY 1, 2023

WINNERS:

The artwork will be judged by NVHD staff on originality, creativity, and the incorporation of one of the 3 themes above. The 1st, 2nd, and 3rd place winners from each age category will be contacted via email by **Monday, May 8, 2023**, and will be recognized on Naugatuck Valley Health District's social media pages. The top 3 winners will also be invited to visit NVHD to be presented with a certificate and **the 1st place winner from each age category will be presented with a PRIZE!**

Questions? Contact: Amanda Michaud, 203-881-3255 ext. 113 or Email: amichaud@nvhd.org



Naugatuck Valley Health District
98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

Art Contest Release Form

I hereby grant Naugatuck Valley Health District permission to the rights of my drawing without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed in whole or in part and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release, I understand this permission signifies that an image of my drawing may be electronically displayed via the Internet or in the public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Artist Information

Full Name: _____ Age: _____

Town (circle one): Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

Title of masterpiece (optional): _____

Masterpiece Theme (circle one): Mental Health Food Safety Vaccinations

Contact Information

Parent's Name: _____ Phone #: _____

Parent's Email Address: _____

Signature of the artist's parent or legal guardian.

Parent's Signature: _____ Date: _____

Ansonia Beacon Falls Derby



Naugatuck Seymour Shelton