

# CONSUMER ART CONTEST



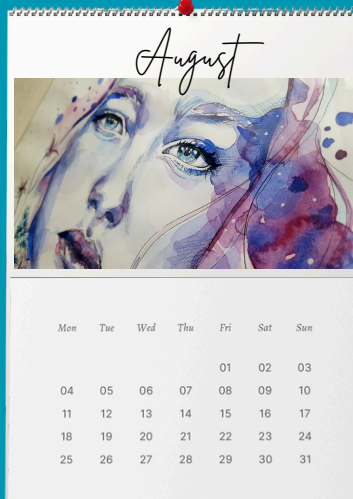
OPEN TO ALL SUTTER-YUBA BEHAVIORAL HEALTH AND COMMUNITY CONSUMERS

**FREE ENTRY**



**DRAW | PAINT | PHOTOGRAPH | COLLAGE**

SHOW WHAT MENTAL HEALTH & WELLNESS MEANS TO YOU



Contest will run from Friday, 2/21/2025, - Friday, 4/11/2025

**WINNERS WILL BE FEATURED IN A SYBH CLIENT ART CALENDAR**

**FOR OFFICIAL CONTEST RULES SEE THE ATTACHED PAGES**

**FOR QUESTIONS EMAIL CPATANIA@CO.SUTTER.CA.US**

SUTTER-YUBA BEHAVIORAL HEALTH'S

# CONSUMER ART CONTEST

## OFFICIAL CONTEST RULES

### Contestants:

Open to all Sutter-Yuba Behavioral Health and community consumers.

### Theme:

What does "Mental Health & Wellness" mean to you? Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices which must be reflected in all entries.

### Timeframe:

Contest will run from Friday, 2/21/25 - Friday, 4/11/25.

### How To Enter:

Complete the entry form and the artwork and photo release form (on the next pages) and attach to your artwork or photograph. Drop off your artwork at Sutter Yuba Behavioral Health or at the Sutter County Museum during the contest timeframe.

### Entries:

Artwork can be an original sketch, drawing, painting, collage, or poetry on paper, cardstock, canvas or photo paper. Artwork can also be a photograph of larger or 3-D art such as murals, carvings, statues. Submit original artwork no smaller than 11" x 8.5" and no bigger than 20" x 16" (landscape orientation).

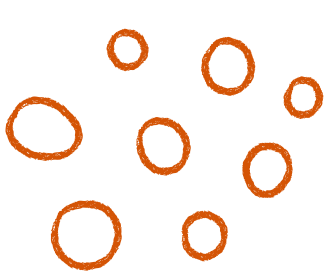
Please keep artwork appropriate for all ages. Artwork cannot depict profanity, vulgarity, nudity, blood, violence, and cannot promote substance abuse or dangerous activity.

### Selection Process:

All entries will go through a reviewal process to ensure that they abide by the rules. Selected entries will be posted on Sutter County's social media pages for a People's Choice Vote. A Judges Panel will select the artwork to be used to create an original 18-month client artwork calendar.

SUTTER-YUBA BEHAVIORAL HEALTH  
1965 LIVE OAK BLVD  
YUBA CITY, CA 95991

FOR QUESTIONS EMAIL  
[CPATANIA@CO.SUTTER.CA.US](mailto:CPATANIA@CO.SUTTER.CA.US)



SUTTER-YUBA BEHAVIORAL HEALTH'S

# CLIENT ART CONTEST



ENTRY FORM

Please complete and attach to your artwork.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

TITLE OF YOUR ARTWORK: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR INSPIRATION  
(NO MORE THAN 50 WORDS):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Artwork & Photo Release Form

I, the undersigned, agree with the following statements:

I hereby give Sutter County Health and Human Services and their Branches and/or programs the right and permission to publish my name, age, hometown, photograph, video, digital media ("Photos"), and artwork for the specific purpose of publication to their website, social media platforms, and/or printed educational materials. In giving my consent, I hereby release and hold harmless Sutter County Health and Human Services, their offices, employees, agents, and designees from any and all responsibility or liability. I understand that I will receive no compensation, should any information, photography, video, photos, or artwork of myself be used.

I understand my information and my artwork along with this artwork release form will be maintained at Sutter County Health and Human Services. I understand I may change or withdraw this release/consent at any time by contacting Sutter County Health and Human Services in writing to the address listed below.

This release, your information and artwork will be valid up to one (1) annual year from the date of event:  
\_\_\_\_\_.

I understand Sutter County Health and Human Services has full authority as to which information and artwork they choose to place on their website, social media platforms, and/or printed educational materials. Sutter County Health and Human Services is not required nor obligated to use any information or artwork I submit.

I have carefully read and fully understand all the provisions of this Artwork & Photo Release Form and am freely, knowingly, and voluntarily signing.

\_\_\_\_\_  
Name Signature Date

**If Minor:** I do hereby certify that I, \_\_\_\_\_, am the parent or guardian of the  
(Print your name)

Minor \_\_\_\_\_ and I have the authority to sign this form on behalf of myself and  
(Print minor's name)

the minor consenting to the above terms of this Artwork & Photo Release Form.