

Submission Details

- » Each artist may enter one piece of art.
- » Format size of original art: 8"x10" (in.) or 11"x14" (in.) or 16" X 20" (in.)
- » All artwork must be one-dimensional (flat) and can be rendered in a variety of media such as paintings (oil, acrylics and watercolor), drawings (pastels, colored pencil, pencil, charcoal, ink, and markers), graphic or digital design, mixed media pieces or photographs.
- » Submitted artwork will not be returned to the artist. Artwork will become the property of Altru Health System.
- » Inappropriate imagery will not be accepted (i.e.: sexual, racial, negatively political or displaying use of drugs and tobacco products).
- » All entries must be original in concept, design and execution by you, the artist, as identified on the application form, and may not violate any copyright, intellectual property, or other laws. No digital art, internet art, clip art or cut outs will be judged.

How to Submit Your Artwork

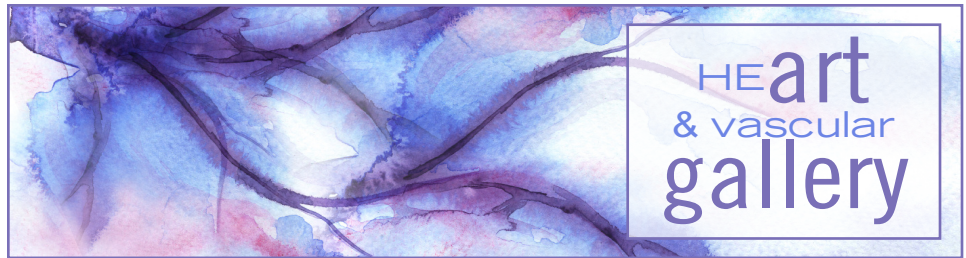
Send your completed application/release form with your proposed artwork to:

Altru Health System
ATTN: Sandy Kovar
P.O. Box 6002
Grand Forks, ND 58206-6002

You may also drop off your artwork at Altru's Cardiology Clinic office, located on the third floor of Altru 1300 Columbia, 1300 S Columbia Road, Grand Forks, ND 58201.

Questions?

Please contact Sandy Kovar at 701.780.1925 or skovar@altru.org.



Application & Release Form

Artist Name: _____

Age _____ Date _____

(If artist is under the age 17, include parent/guardian name: _____)

Address: _____

City _____ State _____ Zip: _____

Primary Phone: _____

Email: _____

Title of Piece: _____

Brief statement regarding the piece: _____

Release Signature Required for Artists

I hereby grant permission to Altru Health System to use my name, image, photograph, interview or story in whole or in part in Altru affiliated printed publications, multimedia presentations, advertisements, website, social media, or other media/products without further consideration. I acknowledge that Altru Health System is not liable for damage or loss of materials submitted. I acknowledge that I have no interest or ownership in the publications in whole or part. I hereby waive, release, transfer, and/or assign all rights, title, or property interest to artwork created and submitted by me to Altru and/or its affiliates. I understand that I shall not receive compensation for the artwork being used for any purpose, including but not limited to use in any promotional materials. I also pledge that the submitted artwork was created by me and does not violate any copyright, intellectual property, or other laws or norms.

My signature also means that I have read this form and/or have had it read to me and explained in a language that I can understand, and agree to be bound by its terms.

Date _____

Artist's Signature _____

Date of Birth _____

Parent or Guardian* _____

**Parent or guardian signature required if participant is 17 years of age and younger or under the care of a legal guardian*

By participating, the Artist agrees to defend, indemnify and hold harmless Altru Health System and its affiliates, agents, directors, officers and employees from and against any and all liability, claims, suits, actions, losses and expenses, including costs and attorney fees, relating to or arising out of any claim or demand of any kind or nature which any person or party may make against Altru Health System based upon or arising out of the Entry, participation, or any other claim or demand relating to this submission.