

NIMHD Envisioning Health Equity Art Challenge Individual Entry Form

The National Institute on Minority Health and Health Disparities (NIMHD) is hosting an art competition: Envisioning Health Equity Art Challenge. This is a nationwide challenge to raise awareness and express through art, the prevalence and impact of health disparities in the United States. Artwork should embrace NIMHD's vision: an America in which all populations have an equal opportunity to live long, healthy, and productive lives. Please complete all sections of the below entry form. All forms and artwork must be submitted no later than 11:59 p.m. EST on February 5, 2021.

****To complete, please save the form on your computer or open it directly in Acrobat or Acrobat Reader****

Important Points:

- Submission period: October 22, 2020 to February 5, 2021 by 11:59 p.m. EST
- Artwork along with the completed and signed entry form must be sent to NIMHD2020@nih.gov
- Subject line should read "Art Challenge 2020: [Title of Art Submission], [Age Category: Teen or Adult]."
- Winners will be selected from two age categories: Teen (16-18 years old) and Adult (19 years or older).
- Prizes will be awarded for 1st place (\$3,500), 2nd place (\$2,500), and 3rd place (\$1,500) in each category.
- All entries must be original in concept, design and execution.
- Only one entry per person is allowed.
- Read the [Rules and Requirements](#) for more information.

Section 1: Contact Information

Participant Contact Information

If the participant is under 18 years at the time of submission, please provide parent/guardian information below.

First Name _____ Last Name _____

Phone number _____ Home Mobile Work

Email Address _____

Mailing Address _____

City _____ State _____ Postal Code _____

Parent/Guardian Contact Information

First Name _____ Last Name _____

Phone number _____ Home Mobile Work

Email Address _____

Mailing Address _____

City _____ State _____ Postal Code _____

Section 2: Art Submission Information

Select Submission Category

- Teen Category (The participant is between 16 and 18 years old at the time of submission.)
- Adult Category (The participant is 19 years or older at the time of submission..)

Title of Artwork (50 characters max) _____

Brief Description of Artwork (150 characters max)

Section 3: Signature

By signing below, the participant certifies that...

- The information herein is accurate, complete, and honest.
- The participant has read and understands [How to Enter](#) and the [Rules and Requirements](#).
- The participant is the sole author or owner of, or has the right to use, any copyrightable works that the submission comprises, that the works are wholly original (or are an improved version of an existing work that the participant have sufficient rights to use and improve), and that the submission does not infringe any copyright or any other rights of any third party of which the participant is aware.
- By participating in this challenge, the participant grants to the NIH an irrevocable, paid-up, royalty-free nonexclusive worldwide license to reproduce, publish, post, link to, share, and display publicly the submission on the web or elsewhere, and a nonexclusive, nontransferable, irrevocable, paid-up license to practice, or have practiced for or on its behalf, the solution throughout the world. The participant will retain all other intellectual property rights in their submission, as applicable. There are no legal obstacles to providing the above-referenced nonexclusive licenses of the participant's rights to the federal government. To receive an award, the participant will not be required to transfer their intellectual property rights to NIH, but the participant must grant to the federal government the nonexclusive licenses recited herein.

Please check one of the following statements and sign below:

I am **under** age 18 at the time of submission. My parent/guardian has signed below, authorizing me to participate in this challenge.

I am 18 years or older at the time of submission.

Print Name of Participant _____ Date _____

Signature of Participant _____

Print Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____