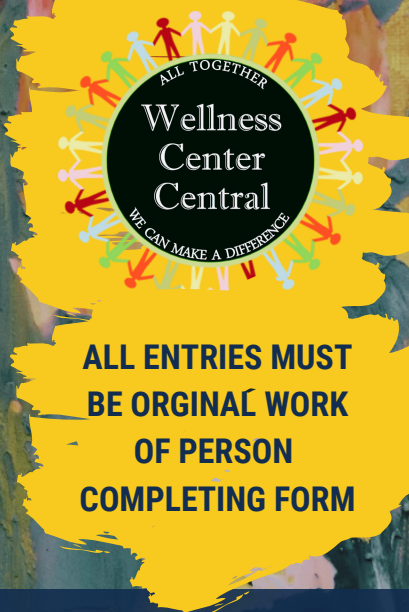


WELLNESS CENTER CENTRAL

2024

ART FAIR ENTRY FORM ARTS & CRAFTS



Enter your art for consideration to be featured in the 2025
Mental Health Services Act (MHSA) Calendar.

ART FAIR: THURSDAY, JULY 25, 1:30 P.M.-3:30P.M.

Arts & Crafts include but are not limited to:

Paintings, Drawings, Mixed-Media, Prints, Photography, Graphic Design, Sculpture,
Ceramics, Mixed-Media, Metal Work, Needle Craft, Jewelry, Textile, Paper, Glass,
Furniture, Leather, etc.

_____	_____	_____
Name (Artist)	Telephone	Email

Address (Street)	(City)	(Zip)

I. ART ENTRY

_____	_____	_____
Title	Media	Width/ Height

II. CRAFT ENTRY

_____	_____
Title (if applicable)	Media/Process/Description

**I would like to leave my art on display at
Wellness Center Central after the Art Fair**

YES NO



DEADLINE: ALL ART & ENTRY FORMS MUST BE RECEIVED BY 7/17/2024

Submit in person, or by mail: WELLNESS CENTER CENTRAL,
401 S. Tustin St. C, Orange, CA 92866

For more information contact: Sohail Eftekhazadeh, (714) 361-4860
or Chloe M., calendarart2025@gmail.com

By submitting this form you agree that Wellness Center Central will not be held liable for any damage or losses incurred.

WELLNESS CENTER CENTRAL

2024

ART FAIR ENTRY FORM WRITTEN ARTWORK



Enter your art for consideration to be featured in the 2025
Mental Health Services Act (MHSA) Calendar.

ART FAIR: THURSDAY, JULY 25, 1:30 P.M.-3:30P.M.

Criteria: 50 words or less (writing over 50 words will not be judged)

Typed or hand printed

Work will be published with or without author's name as chosen

Form: Poetry, inspirational thoughts, words of wisdom, song, verse, etc.

Themes: Hope, Wellness, Recovery, Community, Stigma Elimination

Name (Artist)

Telephone

Email

Address (Street)

(City)

(Zip)

I. WRITTEN ARTWORK ENTRY

Title

Number of words

I wish my name published:

YES

NO



DEADLINE: ALL WRITTEN ART & ENTRY FORMS MUST BE RECEIVED BY 7/17/2024

Submit in person, or by mail: WELLNESS CENTER CENTRAL,
401 S. Tustin St. C, Orange, CA 92866

For more information contact: Sohail Eftekhazadeh, (714) 361-4860
or Chloe M., calendarart2025@gmail.com

By submitting this form you agree that Wellness Center Central will not be held liable for any damage or losses incurred.



**CONSENT TO PHOTOGRAPH, VIDEO RECORD, AND AUDIO RECORD
RELEASE FORM**

I agree that you may photograph and/or videotape or otherwise record my image. You may audio record my voice during, and in connection with the documentation of my recovery story. You may publish such image(s) or depiction in any form, including, but not limited to, print, electronic, video, or internet. I hereby consent and permit such images or depictions to be used by Clarvida for any purpose, including by not limited to illustration, trade, advertising, or promotion. I understand and agree that Clarvida may publish such images or depictions without notification prior to or after such publication.

I hereby grant Clarvida permission to crop, retouch, or otherwise alter such images or depictions, and waive any privilege to inspect such images or depictions prior to publication. I understand Clarvida may use images or depictions with or without associating my name thereto, and I waive any privilege to approve copy associated with such images or depictions prior to publication. I further waive any claim for compensation of any kind for the use or publication of the image or depictions.

I agree that any intellectual property rights associated with such images or depictions are the sole property of Clarvida.

All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I agree with all of the above:

Yes _____ No _____ (Mark with an **X**)

Participant's Name (PRINT): _____

Participant's Signature: _____

If Applicable

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____

Date: _____



CONSENT TO PHOTOGRAPH AND PUBLISH

The undersigned hereby authorizes the Healthcare Agency to participate in activities in which the undersigned will be photographed.

- A. The undersigned agrees that the Health Care Agency and its employees may use and permit other persons to use the photographs, negatives or prints prepared from such photographs, for purposes including by not limited to viewing by the general public, County of Orange employees and their affiliates for the purpose of education and community outreach and that such viewing may be accomplished in any manner deemed appropriate and subject to the following limitations:
- B. The undersigned has entered into this agreement in order to assist educational goals and hereby waives any right to compensation for this use by reason of the foregoing authorizations. And the undersigned and his or her successors or assigns hereby hold the Health Care Agency, its employees or any other person participating in this project and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.
- C. Not applicable. The undersigned agrees to forfeit any right to privacy and that the subject and content of the photographs may include information of a personal nature including by not limited to *(Initial all that apply):*

- Medical diagnosis
- Arrest History
- Substance abuse treatment information (CFR Part 42)
- Psychosocial functioning/mental health treatment information (WIC 5328)

- D. The term “photograph,” as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc, and any other mechanical means of recording and reproducing images.

Print Name

Signature Date

Witness Signature Date