

### Valley View Healthy Living Coloring Contest

Valley View Health Center is celebrating 20 years of providing medical, dental, pediatrics, behavioral health, walk-in, and pharmacy services in Lewis, Pacific, and Thurston Counties. Our mission is *To improve the health and well-being of the community by providing quality and compassionate healthcare services in a patient-centered atmosphere respecting individual and cultural diversity.* To learn more about Valley View, visit [vvhc.org](http://vvhc.org).

The **Valley View Healthy Living Coloring Contest** is an opportunity to celebrate healthy living through an 18-month calendar. The contest is open to students in Kindergarten through 12th grade (including homeschool students) who reside in Lewis, Pacific, and Thurston Counties. Judging will be by the employees of Valley View Health Center.

#### **Submission Criteria:**

- Draw a picture representing healthy living and submit it to have your art featured in a Valley View Health Center 18-month calendar from July 2024 to December 2025! Artwork should feature at least one aspect of healthy living or preventative health care (i.e., exercising, eating healthy, dental care, mindfulness, or any services that Valley View Health Center provides).
- Created with a horizontal orientation no larger than 8.5"x 11"
- Art Criteria: All submitted work should be original creations 100% created by the student.
  - *Drawings:* pencil, ink, crayon, markers, pastels, charcoal, etc.
  - *Paint:* watercolor, acrylic, oil, tempera, etc.
  - *Digital Designs:* computer-generated art created by the student. No audio, motion, or artificial intelligence (AI) generated art.
  - *Mixed Media:* mod-podge collages or mixed mediums. Collages must be entered as ONE image.
- If artists want to sign their art, they should sign only with the artist's initials. To preserve judging impartiality, the artist's full name must not be visible on the art.
- Students of VVHC employees and volunteers are eligible to participate.
- U.S. Copyright laws apply to art entries. Artists and parent/guardian take full responsibility. See Plagiarism Explained below.\*\*
- Only one (1) submission per student will be accepted.
- Artwork & Entry Form may be submitted in one of the following ways:
  - Mail submission and entry form to VVHC, Attn: Coloring Contest, 2690 NE Kresky Avenue, Chehalis, WA 98532
  - Email [administration@vvhc.org](mailto:administration@vvhc.org) (JPEG or PNG image of the student's art (5 MB max) and the entry form.
  - Drop off in person at 2501 NE Kresky Avenue, Chehalis, WA 98532, by Friday, May 24, 5 pm.

#### **Deadline:**

All submissions must be received with the entry form by 5 pm on May 24, 2024, for consideration. The selected artists will be notified by June 10, 2024, and honored at Valley View Health Center's 20th Anniversary Celebration on the evening of July 2, 2024. Winners will be awarded by Valley View's Pediatrics Staff.

#### **Prizes:**

For each of the following groups, a \$30 prize will be provided for each artist featured, plus a calendar copy.

- Kindergarten to 2<sup>nd</sup>: 4 prizes
- 3<sup>rd</sup> to 5<sup>th</sup> Grade: 4 Prizes
- 6<sup>th</sup> to 8<sup>th</sup> Grade: 4 Prizes
- 9<sup>th</sup> to 12<sup>th</sup> Grade: 4 Prizes

Additionally, the 2 best overall are eligible for a \$500 scholarship.

**\*\*Plagiarism/Copyright Explained:** Art must be created entirely by the student without assistance from any other person. It must be original in concept and design. Students may find inspiration from elements of existing art, but their creation cannot closely resemble it. For example, if students want to draw an apple, they can LOOK at an apple while drawing their version of an apple, but they cannot trace it or attempt to recreate an entire image, coloring page, or scene created by another person. Students and families are responsible for all actions resulting from plagiarism. Art that violates plagiarism or U.S. Copyright laws will NOT be eligible.

**ENTRY FORM**

Please complete the following information and attach it to your submission. If this information is not included, the student's entry will not be accepted.

Student's first name: \_\_\_\_\_

Student's last name: \_\_\_\_\_

Student's age: \_\_\_\_\_ Grade in school: \_\_\_\_\_

School name: \_\_\_\_\_

Hometown: \_\_\_\_\_

Parent/ Guardian name(s): \_\_\_\_\_

Parent/ Guardian phone number: \_\_\_\_\_

Parent/ Guardian email: \_\_\_\_\_

If you are related to a VVHC employee, the employee you are related to: \_\_\_\_\_

If submitted by the student's teacher, please include your teacher's name, and contact information too:

Teacher name: \_\_\_\_\_

Teacher email: \_\_\_\_\_

Teacher phone number: \_\_\_\_\_

I understand that by submitting this artwork for consideration for the Valley View Health Center Healthy Living Calendar Art Contest, it may be used for marketing and outreach as needed in Valley View Health Center's marketing campaigns in print and online. I, \_\_\_\_\_, the original artist of this submission, surrender all publish and reproduction rights to the artwork for the purposes listed above, including posting on the [vvhc.org](http://vvhc.org) website and through VVHC's social media.

\_\_\_\_\_  
Printed Name and Signature of Parent/Guardian

\_\_\_\_\_  
Date