WOOD RIVER HEALTH

Caring for Our Community Since 1976

HOLIDAY CARD ART CONTEST RELEASE FORM

By signing this form, I give permission for Wood River Health to identify my child's name and age and reprint their artwork in its publications, including but not limited to its website, newsletter and social media. *This form must be submitted to quality for this contest.*

Please encourage artists to use bright colors when creating their work.

Title of Art Submission: _____

Artist's Name: _____

Artist's Age: _____

Names of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address: _____

Phone number: _____

Email: _____

Please note: for 2025, we will not be printing hard copies of our holiday card. Therefore, our 1st place winner will not receive hard copies of the card like in previous years.

Please return this completed form with artwork and drop off or mail it to the following address by **Friday, December 5, 2025:**

Wood River Health
Attn: Holiday Card Contest
823 Main Street, Hope Valley, RI 02832

You may also send a digital scan or the art and release form to SChanning@WoodRiverHealth.org. Questions? Contact Sarah at 401.387.9621.