



## Niagara County OASIS (Opioid) Task Force Project ART-C Guidelines & Release Form

Are you a Niagara County resident on a recovery journey (of any kind)? Do you love to draw or design? If so, the Niagara County OASIS (Opioid) Task Force Public Awareness / Involvement Subcommittee invites you to participate in Project ART-C (Art Restores Transforms and Connects)!

The goal of Project ART-C is to engage the community in a creative manner; encourage dialogue and reflection, particularly in the context of recovery; familiarize individuals with the array of community services available; and to promote effective communication, healthy personal expression, and the power of choice.

The Niagara County OASIS (Opioid) Task Force Public Awareness / Involvement Subcommittee will review submissions and seek to compile them into a booklet that will incorporate the following:

- thought provoking questions included under each art piece and
- on the opposite page of each art piece a different community agency's contact information will be listed to help share information about available local resources and ways in which people can connect to them.

The final compiled booklets will be made available through print and digital copy and distributed to the community at-large for use in a variety of settings. The included artwork can be colored in, added onto and/or used as means to facilitate deeper dialogue with others.

Project ART-C is open to all Niagara County, NY residents. **The deadline for submissions is December 31, 2024.**

### Submitting Your Art Work

#### *What Should Be Included in My Art Work?*

##### **To be considered, art work / designs must be:**

- An original art piece designed by a Niagara County resident (no plagiarism or copyright infringement).
- Uncolored
- Hand-drawing or digitally designed unique artwork that reflects what recovery looks like to you.
- Be reflective of the Task Force Subcommittee's goal which is to expand discussion about the opioid and drug epidemic our community faces in order to reduce stigma placed on those with the disease of addiction, reduce the barriers that are faced in their recovery and increase access to treatment.
- Inclusive of the Signed Release Form
- Submitted no later than December 31, 2024.

#### *How do I submit my art work?*

Send your art work / design to the Niagara County Department of Mental Health & Substance Abuse Services via one of the following methods:

**Email** to [NCDMH@niagaracounty.com](mailto:NCDMH@niagaracounty.com) with Subject Line - Project ART-C;

**Fax:** (716) 439-7418;

**Mail:** NCDMH, c/o Myrle Gibbons Doxey, 5467 Upper Mountain Rd, Suite 200, Lockport, NY 14094.

Your submission must follow the above requirement and be received by **close of business on December 31, 2024**

#### *Is there a prize or payment?*

There is no prize or payment for submissions.





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*Who do I contact if I have questions?*

Questions pertaining to Project ART-C or the Niagara County OASIS (Opioid) Task Force Public Awareness/Involvement initiatives can be directed to the Niagara County Department of Mental Health & Substance Abuse Services at [NCDMH@niagaracounty.com](mailto:NCDMH@niagaracounty.com) or by calling (716) 439-7410.

*Please PRINT legibly*

**Full Name of Artist:** \_\_\_\_\_

**Do you want your full name printed along with your artwork?** (check one  YES  NO, please list as Anonymous  
*Or, list how you wish your artwork to be credited (e.g. First Name only, initials only, etc.*

\_\_\_\_\_

**Age:** \_\_\_\_\_

**Parent/Legal Guardian Full Name if under age 18:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Attestation, Waiver and Release

- ✓ I attest that my submission is my own, original work.
- ✓ I understand that by submitting my art piece, it becomes the property of the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) and the Niagara County OASIS (Opioid) Task Force; members of NCDMH and the NC OASIS will be reviewing my design and determining its appropriateness of inclusion in Project ART-C.
- ✓ I understand that my name may be released to the public associated with my art work as I indicate above.
- ✓ I further understand that my art work will be used as seen fit and will appear on promotional materials including, but not limited to, printed and electronic materials, including websites and social media that involve the NCDMH and/or NC OASIS.
- ✓ I hereby grant permission to the rights of my art work submission without payment or any other consideration.
- ✓ I waive any right to royalties or other compensation arising or related to the use of my art work submission.
- ✓ I understand that my submitted work may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness and/or work appears.
- ✓ I understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.
- ✓ By signing this form, I acknowledge that I have completely read and fully understand the information contained in this Form (2 pages) and agree to be bound to the terms / conditions outlined thereby. I hereby release any and all claims against any person or organization utilizing my art work submission.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent / Guardian Signature below (required for all contestants under the age of 18).*

\_\_\_\_\_ **Date:** \_\_\_\_\_

This form is maintained by the NCDMH Administrative Office.

