# Featured Art at RMC

– For Professional, Youth, and Casual Photographers –

Whether you consider yourself a photographer or someone who just enjoys taking high-quality snapshots for fun, we want your photos!

ABOUT THE ARTWORK

A Community Showcase in your Local Hospital

At Regional Medical Center, we understand the importance of creating a healing environment for our patients and their families. These images may include private or public: landscapes and nature, buildings and structures, parks and landmarks. See below for examples:
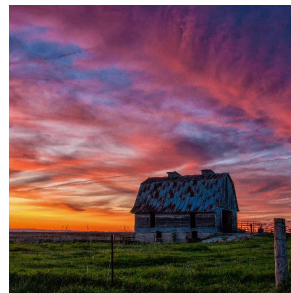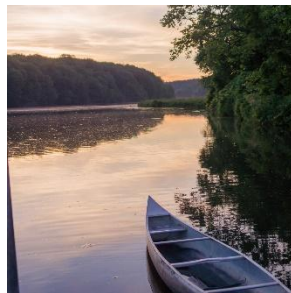
In order to further represent our service area, entries submitted should represent the following communities and surrounding areas:

- Arlington
- Aurora
- Coggon
- Colesburg
- Delaware
- Delhi
- Dundee
- Dyersville
- Earlville
- Edgewood

- Elkader
- Elkport
- Greeley
- Holy Cross
- Hopkinton
- Lamont
- Manchester
- Masonville
- New Vienna
- Oneida

- Petersburg
- Quasqueton
- Ryan
- Sand Springs
- Strawberry Point
- Volga
- Wadena
- Winthrop
- Worthington

Photo Subjects & Colors

Subjects: Include private or public: landscapes and nature, buildings and structures, parks and landmarks from any season. Entries should represent the communities and surrounding areas listed on page 1.

Color: Photos can be in color or black and white. Please submit the version you feel is the best.

Photo Formats
Entries should be submitted as .jpeg or .jpg files, high resolution, and 3000x4000 pixels at 300 dpi, 3MB or larger.

Submission Requirements
Please submit your files on a CD, flash drive, or via email to angie.salow@regmedctr.org. Include the Consent Form with your submission. **Multiple entries** (each image constitutes one entry) may be submitted on the same CD, flash drive, or via email but each image must have a separately completed Consent Form. There is no limit to the number of entries an individual may submit.

Please note:
- All CDs and flash drives will be recycled and not returned.
- When submitting entries, the Consent Form **MUST** be included for consideration.

Submissions may be delivered to the Welcome Desk in River Ridge Pavilion or they may be mailed to:

Regional Medical Center
Featured Art Project
Attn: Angie Salow
P.O. Box 359
Manchester, IA 52057

Or they may be emailed to:
angie.salow@regmedctr.org
Subject: Featured Art Photo Submission

Recognition
Each selected entry will be displayed in Regional Medical Center's facility. The entrant's name will be captioned. Selected photographers may also be honored on Regional Medical Center's website (www.regmedctr.org), Facebook, and in other RMC publications/materials.

Questions?
Please contact Angie Salow, BA, Marketing Specialist
563-927-7592 or angie.salow@regmedctr.org
Regional Medical Center | 709 W. Main St. | P.O. Box 359 | Manchester, IA 52057

Regional Medical Center

CONSENT FORM

(Must submit this form with each image.)

Photographer Information

First & Last Name _____

Mailing Address _____

Email Address _____

Phone Number _____

School/Employee _____

Photo Entry Information

Photo File Name _____

Title of Photo _____

Location Where Photo Was Taken _____
(General area, community, landmark, etc.)

CONSENT

Statement of Consent

By signing below, I consent to my participation in the Featured Art at RMC project. I understand that if my entry is chosen, my entry may be displayed at the Regional Medical Center facility for the length of time designated by Regional Medical Center. I understand there will be no monetary compensation if my entry is chosen. I understand that I will maintain copyright of my own work, but I give permission to Regional Medical Center to utilize my image in the facility. I understand that my entry may be used in other areas of marketing, including, but not limited to, printed/promotional materials and electronic media (e.g. social media, website).

In giving my consent, I waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive and release all current and future claims I may have against Regional Medical Center, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt by the Marketing Manager at RMC.

_____

Participant Name (Please Print)   Date

_____

Participant Signature

If under 18, you must have a Parent/Guardian sign the consent form.

_____

Parent/Guardian Name (please print)   Date

_____

Parent/Guardian Signature