**I Strengthen My Nation:**

**Artistic Expressions of Resilience to Stand Against Substance Misuse**

Individual Entry Form

**Important Dates:**

Submission Start: April 8th, 2021 12:00 AM ET

Submission End: July 7th, 2021 11:59 PM ET (Round One) & December 10th, 2021 11:59 PM ET (Round Two)

Winners Announced: July 30th, 2021 (Round One) and January 31st, 2022 (Round Two)

**Contact Information:**

|  |  |
| --- | --- |
|  First and Last Name |  |
|  Address |  |
|  City/State/Zip |  |
|  Phone |  |
|  Email |  |
|  Date of Birth |  |
| Tribal Affiliation (if applicable and willing to share) |  |
| **If participant is under 18 years old at the time of submission:**

|  |  |
| --- | --- |
| Parent/Guardian Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Email |  |

**Art Submission:** |
|

|  |  |
| --- | --- |
| Title of Artwork |  |
| Group Name (if applicable) |  |

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| Please select how you will submit your artwork: |
| □ | Mail (original pieces of physical art such as paintings, beadwork, carving, etc.) to: Dr. Kathy EtzNational Institute on Drug AbuseRe: AI/AN Art Challenge3WFN MSC 6024301 North Stonestreet Ave Bethesda, MD  20892 |
| □ | Email (digital, written, performance art, or photos/video of original art you are unable to mail) to **NIDAAIANArtChallenge@nida.nih.gov** |
| □ | Box.com submission (large video, audio, or photo files) to **murrayjl@nih.gov.** Create a free box account [here](https://account.box.com/signup/n/personal#j3bmq).  |

**Release and Waiver:**

I hereby grant the National Institute on Drug Abuse (NIDA) and its collaborator (the Northwest Portland Area Indian Health Board) permission to use, reproduce and publicly post, display and distribute my first name, last initial, hometown, tribal affiliation (if applicable) as well as all information contained in my contest submission for promotional purposes in any print or online media worldwide, without further payment or consideration.

I acknowledge that upon entry, the National Institute on Drug Abuse (NIDA) has an irrevocable, paid-up, royalty-free nonexclusive worldwide license to use, reproduce, share, etc., my submission and submission materials will not be returned.

I hereby grant the National Institute on Drug Abuse (NIDA) and its collaborator (Portland Area Indian Health Board) permission to broadcast, display, and distribute my art and written response on its website and social media accounts.

I have completely read the full official Rules of this contest, and I understand and agree to abide by those rules. (see [rules and requirements](https://www.drugabuse.gov/research/nida-research-programs-activities/nida-challenges-program/artistic_expressions_resilience/rules_requirements))

\*Parent/Legal Guardians only: I hereby grant full permission for my child to participate in this contest.

**Contest Participant**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Parent/Legal Guardian (if participant is under 18 years old at the time of submission)**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |