TOBACCO ENDS WITH US

Create, Inspire, and Lead a Tobacco-free Future

Want to make a change in the community? Here is your chance to be creative and use your talents! Create any original artwork that inspires your peers to be tobacco-free. Your voice matters. Be the generation that ends tobacco use.

ART CONTEST

Open to all Sutter County High School Students!

FREE ENTRY

SEE OFFICIAL RULES FOR DETAILS
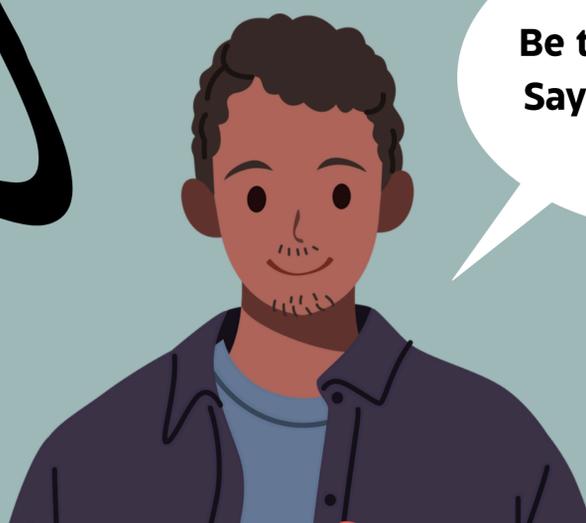
NEW DEADLINE

Enter for your chance to win !

PRIZES IN EACH CATEGORY

1st Place - $25 Gift Card to Cinemark, Water Bottle & Creation Shared to County Social Media Pages

2nd Place - $25 Gift Card to Cinemark & Water Bottle

3rd Place - $25 Gift Card to Cinemark

Be the Change and Say No to Tobacco

SUTTER COUNTY PUBLIC HEALTH

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Art Contest Official Rules

- **Contestants:** Open to all Sutter County High School students.
- **Theme:** "Own Your Power & Break Up with Tobacco".
- **What to Include:** Create artwork with facts about tobacco, the dangers of vaping, positive messages about staying tobacco-free, oral health, or tobacco prevention & education.
- **Entries:** Artwork can be an original sketch, drawing, painting, collage, photograph or written poem. Please keep artwork appropriate for all ages. Artwork cannot depict profanity, vulgarity, nudity, blood, violence, and cannot promote substance abuse or dangerous activity.
- **Categories:**
  - Visual Art
  - Written Poem
- **How to Enter:** Complete the entry form and the "Artwork and Photo Release" form (included in this packet) and attach to your artwork. Email your artwork, and release form to:
  tobaccocontrol@co.sutter.ca.us
- **Submission Deadline:** Sunday, November 30, 2025

SUTTER COUNTY PUBLIC HEALTH

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Art Contest Entry Form

Name: _____ Phone: _____

High School: _____ Grade: _____

Category (pick one): ☐ Visual Art   ☐ Written Poem

Title of Artwork: _____

Brief description of your inspiration (no more than 50 words): _____

_____

_____

_____

Artwork &PhotoRelease Form

I, the undersigned, agree with the following statements:

☐ I hereby give Sutter County Health and Human Services and their Branches and/or programs the right and permission to publish my name, age, hometown, photograph, video, digital media ('Photos"), and artwork for the specific purpose of publication to their website, social media platforms, and/or printed educational materials. In giving my consent, I hereby release and hold harmless Sutter County Health and Human Services, their offices, employees, agents, and designees from any and all responsibility or liability. I understand that I will receive no compensation, should any information, photography, video, photos, or artwork of myself be used.

☐ I understand my information and my artwork along with this artwork release form will be maintained at Sutter County Health and Human Services. I understand I may change or withdraw this release/consent at any time by contacting Sutter County Health and Human Services in writing to the address listed below.

This release, your information and artwork will be valid up to one (1) annual year from the date of event: _____.

I understand Sutter County Health and Human Services has full authority as to which information and artwork they choose to place on their website, social media platforms, and/or printed educational materials. Sutter County Health and Human Services is not required nor obligated to use any information or artwork I submit.

I have carefully read and fully understand all the provisions of this Artwork & Photo Release Form and am freely, knowingly, and voluntarily signing.

_____   _____   _____
Name   Signature   Date

If participant is a minor: I do hereby certify that I, _____, am the parent or
                                                      (Parent/guardian name)

guardian of the minor _____ and I have the authority to sign this form on
                        (Print minor's name)

behalf of myself and the minor consenting to the above terms of this Artwork & Photo Release Form.