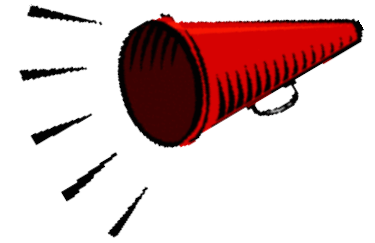


# CALLING ALL ARTIST OF ALL AGES WITH DISABILITIES In Passaic County



*“Showcasing the talent of individuals with disabilities”*

## CALL FOR SUBMISSIONS –

**Entries Accepted until September 13<sup>th</sup> 2017** Passaic County Advisory Council on Disabilities in partnership with the Passaic County Freeholders requests submissions of artwork from visual artists who have a disability. Artists will be recognized through a digital slide show at the Champions for Disabilities Awards. PCACOD will retain rights to use reproductions of the submitted art in various contexts for its constituents showcasing the talent of individuals with disabilities.

### *Art Showcase Rules:*

1. To enter the Showcase, you must have a diagnosis of a disability and be a resident of Passaic County.
  2. The Showcase accepts artwork in the following media: paintings in oil, watercolor, acrylics, tempera, or gouache; drawings in pencil, pen & ink, chalk, crayon, pastels, charcoal, digital, or other drawing media or three-dimensional art (sculpture).
- Graphic design, photography, fabric art, mobiles, are not eligible.

## Champions of Disability Awards Ceremony & Art Showcase



Tuesday  
October 17, 2017  
10:00 am

Passaic County  
Administration  
Building

401 Grand Street  
Room 220  
Paterson, NJ  
07505



Painting by  
Sanjana Chowdhury

3. Email an electronic copy of up to three (3) pieces of your artwork to [Kristyj@passaiccountynj.org](mailto:Kristyj@passaiccountynj.org). The image(s) should be in color and should be formatted to print out on an 8-1/2" x 11" page. It should be no larger than 2 (MB) megabytes. If you are unable to reproduce the image electronically, make an 8-1/2" x 11" full color copy and mail to:

PCACOD Art Showcase  
Attn: Kristy Justiniano  
Dept. of Senior Services, Disability & Veterans Affairs  
930 Riverview Drive, Suite 200  
Totowa, New Jersey 07512

We are not able to return submissions. **PLEASE DO NOT SEND ORIGINALS**. Submissions that do not conform to the requirements contained herein will be disqualified.

4. Include the title and medium for each work submitted, as well as a *short (150 words or less)* biographical statement that speaks to your interest in art and includes how your disability affects or has affected your interest or work methods.

5. Your submission is not complete until we have received your **signed Release Form** and mail to:

PCACOD Art Showcase  
Attn: Kristy Justiniano  
Dept. of Senior Services, Disability & Veterans Affairs  
930 Riverview Drive, Suite 200  
Totowa, New Jersey 07512

6. All entry materials must be received by **September 13, 2017**

7. This is an electronic showcase of all art submitted.

8. PCACOD reserves the right to use the submitted artwork and the artist biographical statement at its discretion in printed material including PCACOD publications and exhibitions that pertain to the Art Showcase or other expressions of creative ability by practitioners who live with a disability.

## **Printable Release Form:**

I hereby authorize the Passaic County and its employees, agents, representatives, and affiliates to use my artwork and biographical statement for whatever purpose, including advertising, broadcast or print publicity, promotional materials and membership materials such as newsletters and information.

I hereby provide permission to Passaic County Advisory Council on Disabilities to modify, use, assign, or dispose of my submission however it chooses, all or any portion thereof in connection with the Showcase or otherwise, without my additional approval.

I hereby provide permission and authorize Passaic County Advisory Council on Disabilities to use my name and any biographical material that I may provide without any additional consideration, including but not limited to making public announcements which will include the mention that I have a disability.

I hereby waive any right of inspection or approval of my entry and the uses that may be made of my entry and I understand that I have not been promised, nor will I receive any monetary compensation for the use of my work.

I warrant that I have the full right to enter into this Contest/Showcase, and that my submission is original and does not infringe the rights of any third parties, and I will indemnify and hold harmless Passaic County Advisory Council on Disabilities, its employees, agents, representatives, assigns, and affiliates against all costs and expenses of any kind whatsoever, including reasonable legal expenses, in connection with any claims concerning my submission.

I agree to indemnify, release and hold the Passaic County Advisory Council on Disabilities, its employees, agents, representatives, assigns, and affiliates harmless from any claims as a result of my participation in this contest and I covenant not to sue Passaic County Advisory Council on Disabilities, its employees, agents, representatives, assigns, and affiliates for any claims related to Passaic County Advisory Council on Disabilities exercise of the permissions granted hereunder. My signature below is valid.

(If release is provided on behalf of a minor:) I hereby certify that I am the parent of \_\_\_\_\_, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

AGREED AND ACCEPTED:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and age of Minor if participating

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email