American Association of Kidney Patients
Artwork Contest
Entry Form

Artwork entries must include a completed entry form to be considered.

Name: _____

Address: _____

City : _____ **State:** _____ **Zipcode:** _____

Daytime Telephone: _____

Email: _____

Age Group Category:
____(up to 11) ____(12 – 19) ____(20 +)

Artist Description:
____**Patient** *(please select what type of patient you are)*
____Chronic Kidney Disease Patient (CKD stages 1 – 4, not yet on dialysis)
____Dialysis Patient (includes hemodiaysis and peritoneal dialysis)
____Transplant Recipient

____**Family member/Friend**

____**Caregiver**

Artist Biography *(50 words or less, attachments accepted):*
_____
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Explanation of artwork *(50 words or less, attachments accepted):*

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Artwork Release

I acknowledge, when entering my artwork in the American Association of Kidney Patients' (AAKP) Artwork Contest, my artwork may be displayed on or in various AAKP educational, promotional or publicity items including but not limited to the following: AAKP's Web site, magazines and electronic newsletters. I understand that utilization of my artwork may occur at anytime, such as for promotion of future AAKP Artwork Contests. I also acknowledge and give permission that should my artwork be selected, AAKP may display my artwork on an all occasional greeting card which will be offered by AAKP as an Association fundraiser. I also acknowledge that I have read, understood and agree to the Contest Guidelines, Artwork Guidelines and Judging Process. I also agree that any portion of my Artist Biography and/or Explanation of Artwork may be used by AAKP and reprinted on or in various AAKP educational, promotional or publicity items including but not limited to the following: AAKP's Web site, magazines and electronic newsletters, regardless if my artwork is selected as a winner. My signature below authorizations my understanding and acceptance of the terms in this artwork release.

_____

Artist Signature

_____

Date

Mail Entries/Artwork to:
American Association of Kidney Patients
Attn: Artwork Contest
3505 E. Frontage Rd., Suite 315
Tampa, FL 33607
(800) 749-2257
info@aakp.org
www.aakp.org