



BRIDGE THE G. A. P.

(Generating. Accurate. Perceptions.)

[Metta Association](#)© has formally instituted Bridge the G. A. P.; an ongoing initiative to engage people of various age groups, peers, professionals, and family members of individuals affected by mental illness to incorporate the arts as a therapeutic measure in their wellness journey. Participants will enter submissions of their graphic art, performance art, and/or written art depicting their mental health realities. Bridge the G. A. P. art submissions are utilized for the compilation becoming a published book that will further explore connections between mental health and art while spreading awareness thus reducing the stigma of mental health issues.

Rules of Participation

All entries ***must*** be accompanied by a completed [entry form](#) enclosed below. The deadline for participant entries is no later than 9:00 p.m. Central Daylight Time on the 25th day of each month preceding the newsletter publication – 1st day of each month. Winning participants will be notified by phone or email. Special recognition will be presented to winning participants via a feature in Metta Association's newsletter (*Bridge the G. A. P.*) along with an accolade forwarded via mail.

Frontrunners and parent(s)/guardian(s) grant the right to use and publish the winners' names, ages, and winning entries on Metta Association's website or in any print or online media. Every effort will be made to ensure the safety and security of all art/work(s). Metta Association© will not be held responsible for any damages. Art/work(s) will become the property of Metta Association©.

Eligibility Requirements:

- ✓ Artists must be at least 9 years of age.
- ✓ Entries must be original and must relate to the theme (Generating. Accurate. Perceptions).
- ✓ Artists may submit only 1 entry per publication.
- ✓ All illustrative and theatrical art must include a 30-word minimum/200-word maximum narrative to introduce the object of art.
- ✓ All theatrical art must be a minimum of 4 minutes/maximum of 8 minutes of duration.

Please contact George Brooks or Stephanie Gaines by phone at (214) 810-6518 or by email at info@mettaassociation.org to arrange for hand-delivering an art object. Any hand-delivered art/work(s) must be presented with proper packaging and/or encasement prepared by the participant or participant's representative as a measure of protecting the quality and integrity of the submitted art/work(s).



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Waivers and Disclaimers

Initial _____ I hereby certify that this object of art was entirely created by the participant indicated. If the art/work(s) is selected for entry into the event, I agree that it may be published and used for promotional purposes including but not limited to exhibition catalogs, brochures, signage, websites, etc.

Initial _____ I release Metta Association© and those acting under its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

Initial _____ I waive my right to inspect or approve the manner that the art/work(s) is used, and any text associated with it.

Initial _____ I understand that I will not receive compensation for the use of this likeness or exhibition of this art/work(s), except for the occurrence of a contest award.

Initial _____ I will make no monetary or other claims against Metta Association© for the use of the art/work(s).

Initial _____ Metta Association© shall solely own the copyright in the aforesaid art/work(s), and any advertising or promotional material for such art/work(s). Metta Association© shall have all rights to use said art/work(s) in all media now known or hereinafter devised, and in all territories worldwide, in perpetuity. I understand Metta Association© is not required nor obligated to use any art/work(s) I submit.

I have read and fully understand the terms of this release and agreement before its execution and I am fully familiar with the contents thereof.

Participant _____

Print Full Name

Participant _____

Signature

Date

Parent/Guardian of

Participant _____

Print Full Name

Parent/Guardian of

Participant _____

Signature

Date