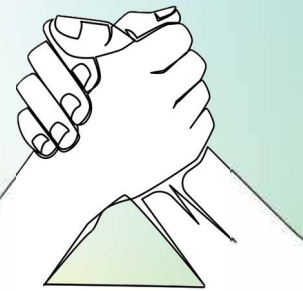


INNOVATIVE SOLUTIONS

Call for Submissions for *Reflections of Hunger* Art Show



Everyone knows someone with an eating disorder, whether we realize it or not. As common as eating disorders are, they can be difficult to understand. No textbook or lecture can truly show us what it is like, so we must hear those who are living this every day. ***Reflections of Hunger: Disordered Eating and Body Image Through Their Eyes*** is an art showcase featuring the lived experience of people in our community. **This year's show dates are September 5 through October 24.**

GUIDELINES

Reflections of Hunger is sponsored by **Ozark Center** and **Joplin Public Library**. This event features the stories and talents of those in our community, with the goal of sharing the wisdom and lived experience of individuals struggling with their body image and/or eating disorders.

Who can enter *Reflections of Hunger*?

Anyone from our four-state communities, including those currently served by Ozark Center or the Reconnect Eating Disorders program, may submit their artwork for consideration.

What types of art can be submitted?

This event is open to any type of art including paintings, photography, sketches, sculptures, clay designs, creative art projects and writing.

Is any content off limits?

We understand that art about bodies, body image and eating disorders often includes nudity. We do not wish to police or censor anyone's story, but in order to host an event open to all ages and offer an environment that feels safe for all, regardless of their past experiences, we ask that submitted work be free of explicit or nude content. If you are at all uncertain if your work will meet this rule or have additional questions, please contact Dr. Jenny Copeland at **417.347.7630**.

RULES

1. **All entries must be submitted to Ozark Center's Community Care Program Building, 530 E. 34th St., First Floor by Friday, Aug. 30 at 5:00 pm.** Art may be dropped off from **8:00 am – 5:00 pm Monday through Friday.**
2. Entries are limited to one (1) per person, although a person may help with a group project and still enter an individual project.
3. All entries must have an entry form attached and a signed release form submitted.
4. Images of people included in these pieces should be of yourself. If other people are included in your work, they must also sign the release form and indicate they are featured in your artwork.
5. The entrant must be the artist themselves, and the work must be original. By entering *Reflections of Hunger*, the entrant represents, acknowledges and warrants that submitted artwork is an original work created by the entrant and that no other party has any right, title, claim or interest in the entry.
6. Pieces that are framed, matted and/or covered with acetate are acceptable. Do not submit artwork with glass in the frame. Please use Plexiglass, a plastic cover or no covering at all.
7. The size of your work should be no larger than 2 feet by 2 feet (24 inches by 24 inches). Larger pieces are difficult to store and transport to the event site.
8. Any writing must be printed on paper or other medium (such as canvas, poster board or photo paper) that is no larger than 2 feet by 2 feet (24 inches by 24 inches). The text size must be able to be read with ease by event attendees. This will be decided by Ozark Center staff. Feedback will be provided to the entrant with the option to revise their piece provided it can be completed and returned by the original submission deadline of Aug. 30.
9. Do not send fragile pieces if you are concerned about them breaking.

RELEASE FORMS



RELEASE FORM FOR ARTIST

A signed release form **MUST** accompany all art, photos and items submitted.

I do I do not wish to be anonymous at the **Reflections of Hunger** art show.

I do I do not give my permission for my artwork submission to be displayed in any venue or area designated for general public viewing.

I do I do not agree to pick up my art piece from Ozark Center no later than Friday, November 8. If I do not retrieve my artwork, I understand it may be kept and stored at Ozark Center or otherwise disposed of, depending on space.

I understand that by signing below:

- I am giving up any right to hold the person(s), partnership or corporation in charge of the display area liable

Artist Name:

Email:

Street Address:

City:

State:

Zip Code:

Artist (and/or Guardian) Signature:

Date:

Witness Signature:

Date:

for any damages and/or loss of my artwork.

- I am giving permission to Freeman Health System, Ozark Center and exhibit venues to use images of artwork for educational and promotional materials.

Name:

Street Address:

City:

State:

Zip Code:

Phone Number with Area Code:

Artist (and/or Guardian) Signature:

Date:

Witness Signature:

Date: