



Photo Contest – Winner Regional Healthcare Center

Photographers are invited to enter their best professional quality, high resolution images celebrating our area. Your unique images could be one of several to be featured in Winner Regional Healthcare Center's new medical facility.

Deadline for Submissions: October 1, 2018

CONTEST RULES

1. Photos can be submitted one of two ways:
 - a. Email jody.engel@sanfordhealth.org (send image file(s) as an attachment, not embedded in the body of the message)
 - b. Submit photos online via www.Winnerregional.org/photo-contest
2. A completed Entry Agreement must be submitted with all photo entries. (one form per photographer)
3. Portrait photography is not the focus of this project. Photos should reflect our local landscape, architecture, culture and community.
 - a. Please contact Jody Engel at (605) 842-7231 with questions or to further discuss creative direction.
4. Photo files must be no smaller than 5MB and 300 dpi (high-resolution photos).
 - a. Images must be at a sufficient resolution to print large size prints without a loss of quality.
 - b. Be sure to set your camera or smart phone settings at the highest possible resolution for best results.
 - c. Be sure your email program is not set to reduce your attachments to a low resolution format.
5. Photo files must be JPG or PNG.
6. Please submit the image only – do not embed captions, words, watermarks or photographer's name on the image.
7. Photo files must be named as follows: first and last name of photographer and short title of photograph. For instance, a photo of downtown Winner could be named: Jody_Engel_downtown.jpg
8. Photographers may submit more than one entry.
9. You must be the sole author and owner of any copyright in all photos entered.

Winner Regional Healthcare Center Photo Contest

ENTRY AGREEMENT

1. By entering, PARTICIPANT warrants that the photographs he/she submits are original and are his/her own, and do not infringe on the rights of any third party, and that he/she has obtained any necessary permissions from any third party if a third party or third party's property appears in the photograph. PARTICIPANT further warrants that his/her participation in this photo contest does not violate any agreement between him/her and a third party.
2. By entering the photo contest, PARTICIPANT grants Winner Regional Healthcare Center the nonexclusive right to publish, use, distribute, reproduce and publicly display his/her photograph, and to create derivative works from photograph, in perpetuity, in any of its online, print or other media publications, materials, campaigns or exhibitions, for, including but not limited to, editorial, advertising, publicity and fundraising purposes, without payment of compensation, unless prohibited by law.
3. By entering, PARTICIPANT authorizes Winner Regional Healthcare Center to alter images as necessary to fit into reduced or enlarged format sizes and waive the right to inspect or approve the finished product.
4. By entering, PARTICIPANT grants Winner Regional Healthcare Center permission to provide his/her name, and his/her city and state of residence, when publishing, reproducing or otherwise using photo and when identifying PARTICIPANT as an entrant in the photo contest. While Winner Regional Healthcare Center will make every effort to credit photographers when using photos, there may be circumstances where it is not possible to do so. Subject to the rights granted to Winner Regional Healthcare Center, PARTICIPANT retains all other copyrights and rights to future use of the photographs PARTICIPANT enters into the contest.

HOLD HARMLESS

PARTICIPANT agrees to release Winner Regional Healthcare Center (WRHC), its agents, officials, employees and volunteers from and against all liability, including copyright or patent infringement claims or causes of action, arising out of this agreement and claims arising from PARTICIPANT'S participation in the photo contest. PARTICIPANT agrees to defend, indemnify and hold WRHC harmless and free from all liability, whether caused by negligence or otherwise, arising out of PARTICIPANT'S participation or association with the Winner Regional Healthcare Center photo contest. PARTICIPANT agrees to pay all costs incident to any claim, including, without limitation, attorneys' fees and consequential damages.

I certify I have read this entry agreement before signing below and I fully understand the contents, meaning and impact of the agreement. I am eighteen (18) years of age or older, or if acting on behalf of a minor, have every right to contract for the minor in the above regard.

Participant Name: _____

Company Name (if professional photographer): _____

Street Address: _____

City/State/Zip: _____ **Phone:** _____

Email: _____

Signature: _____ **Date:** _____

Scan and email completed Entry Agreement to jody.engel@sanfordhealth.org or sign electronic consent at www.winnerregional.org/photo-contest