

# 25th Annual Calendar Kids Art Contest

13 TALENTED ARTISTS WILL BE PUBLISHED IN  
AKF'S 2021 CALENDAR DISTRIBUTED NATIONWIDE

## Who is eligible?

CHILDREN WHO ARE 18 AND YOUNGER AND WHO:

- Have kidney disease
- Are on dialysis or have received a kidney transplant
- Live in the United States

\*If you have won twice before, you are not eligible

## Deadline EXTENDED: July 31st

WE MUST RECEIVE ALL CONTENT BY THIS DATE

- Completed applications
- Artwork
- Recent, close-up photo of artist

\*For full list of guidelines, please visit [KidneyFund.org/contest](https://KidneyFund.org/contest)

## Questions?

Check out all the details at [KidneyFund.org/contest](https://KidneyFund.org/contest) or call the American Kidney Fund at 800.638.8299 ext. 7047

## Let your creativity shine

All winners will receive a **cash prize** and the cover artist will be honored at the American Kidney Fund's *virtual* gala, The Hope Affair, on October 7, 2020.

## The opportunities are endless

Art is more than just drawings! Here are a few ideas of artwork you can submit:

- Create a **drawing** or **painting**
- Write and perform a **song**
- Choreograph and perform a **dance**
- Make a short **film**
- Write a **poem** or **short story**

Your art can be about kidneys, strength and empowerment, patriotic themes, seasons, things that make you happy, ways you stay healthy, or whatever else you would like!

\* Do not use copyrighted material (characters, lyrics, etc.) or sports teams.

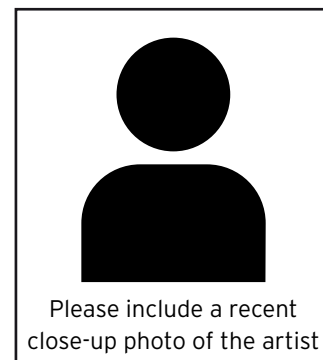
## Put your imagination to work!

# 2020 CALENDAR KIDS ART CONTEST APPLICATION

 **The deadline to submit all artwork, applications, and artist information is July 31, 2020.**

## ARTIST'S INFORMATION

Artist's Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Parent's/Guardian's Name		
Address/Apt #		
City	State	Zip
Parent's/Guardian's Phone Number		Parent's/Guardian's Email Address



## MEDICAL FACILITY INFORMATION

Dialysis/Medical Facility Name	Phone Number		
Dialysis/Medical Facility Contact Name and Title			
Dialysis/Medical Facility Contact Email Address			
Address/Apt #	City	State	Zip

### Artist is Currently:

- ☐ Kidney Disease Patient  
Type: \_\_\_\_\_
- ☐ Hemodialysis Patient
- ☐ Peritoneal Dialysis Patient
- ☐ Transplant Patient
- ☐ Other: \_\_\_\_\_

### Dialysis Information:

If on dialysis, please indicate your child's usual treatment days.

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Monday         | <input type="checkbox"/> Tuesday  |
| <input type="checkbox"/> Wednesday      | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday         | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday         |                                   |
| <input type="checkbox"/> Not Applicable |                                   |

### School Information:

- ☐ Attend school regularly
- ☐ Homeschool
- ☐ Work with a local school, but study at home
- ☐ Other
- Grade Level: \_\_\_\_\_

**SUBMISSION DEADLINE IS JULY 31, 2020 | Please mail completed form, art and photo to:**  
**American Kidney Fund | Attn: Calendar Kids | 11921 Rockville Pike, Suite 300 | Rockville, MD 20852**  
**Questions? Call the American Kidney Fund at 800.638.8299, ext. 7047**

# 2020 CALENDAR KIDS ART CONTEST APPLICATION

## ENTRY INFORMATION

Title of Artwork

Please provide a short description of your artwork.

What inspired you to enter the calendar contest?

What hobbies do you have?

Who is your role model and why?

**FOR KIDS 12 AND OLDER:** What are your plans after high school? (college, career, etc.?)

**FOR KIDS UNDER 12:** What do you want to be when you grow up?

How is your day-to-day life affected by kidney disease?

How do you talk about your kidney disease with your friends to help them understand?

What advice would you give for other kids with kidney disease?

How has a friend, family or celebrity inspired you to deal with your disease?

## WHAT TYPE OF ARTWORK ARE YOU SUBMITTING?



**Please include a photo of your artwork**

- ☐ Drawing or Painting–JPG or PDF upload
- ☐ Poem or Short Story–JPG or PDF upload



**Please include a YouTube link to your artwork**

YouTube Link

- ☐ Song Performance–YouTube Link
- ☐ Dance Performance–YouTube Link
- ☐ Short Film–YouTube Link

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# 2020 CALENDAR KIDS ART CONTEST APPLICATION

## GENERAL RELEASE, CONSENT, AND ASSIGNMENT



**Signature is required by parent/legal guardian**

I/we am/are the custodial parent(s) and/or legal guardian(s) of the child submitting this artwork, hereinafter “my/our child.”

In consideration of participation in the Events and/or Activities, I/we grant to the American Kidney Fund full rights to take pictures, photographs, and/or video (including recordings) of my/our child in connection with the Events and/or Activities and to make use of such pictures, photographs and/or videos as the American Kidney Fund shall deem appropriate. I/we understand that the copyright to all such pictures, photographs and/or video shall be and remain the exclusive property of the American Kidney Fund. Further, I/we grant permission to the American Kidney Fund, without limitation, the right to collect and use information about my/our child.

I/we further grant and assign to the American Kidney Fund the exclusive copyright and all other property rights in and to the drawing created by my/our child in order that the American Kidney Fund may make use of it in the calendar it will publish and in such other publications as the American Kidney Fund shall deem appropriate in the exercise of its sole discretion. I/we understand that no payment, royalty, or other consideration will be paid by the American Kidney Fund in return for the copyright to the drawing which is an absolute and unconditional gift to the American Kidney Fund.

☐ I accept the waiver agreement.

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Parent or Legal Guardian

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Date (MM/DD/YYYY)

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