



Announcing:

Sonoma County 11th Annual Photography Contest for Positive Images of Breastfeeding

To celebrate World Breastfeeding Week August 1-7, 2009

Contest Categories

- Breastfeeding in a Public Area
- Breastfeeding for the Joy of it

Contest Awards

The mother featured in each of the two categories will receive \$100 from the Sonoma County Breastfeeding Coalition.

Contest Dates:

Entries (a 4" by 6" photograph or a digital photo with high resolution – at least 1600x1200 (2megapixels) - *.jpg or *.tif format submitted on a disk) must be received by 5:00 p.m., July 24, 2009 at:

*Photography Contest
County of Sonoma Department of Health Services/Public Health
625 Fifth Street, Santa Rosa, CA 95404
DHS-MCAH@sonoma-county.org*

Awards will be announced on August 5, 2009. *Winning photos will be featured at the August 5th Wednesday Night Market!*



Contest Rules:

1. All entries must have a Sonoma County address for the breastfeeding mother.
2. No more than five (5) photos per person.
3. Entry forms must be signed by both the breastfeeding mother and the photographer releasing use of photographs. Either parent may sign consenting for the child (children) present. If other people are present in the photo, they should be asked to sign a release. If a signed consent is not obtained, it may be possible to edit out the images.
4. Photos will be used to promote breastfeeding and therefore must present breastfeeding in a positive light.
5. Entries are not limited to those photos taken in the current year.
6. All photographs must be originals and contain no copyrighted material. Digital photos are requested in jpg or *.tif format.
7. All photographs received become the property of Sonoma County Department of Health Services for use in the promotion of breastfeeding.

Co-sponsors:

County of Sonoma, Department of Health Services &
Sonoma County Breastfeeding Coalition

Photography Contest Entry Form

Fill in the information below (please print clearly):

Name: _____ Phone Number: _____

Home Address: _____ City: _____ Zip: _____

I hereby release to the County of Sonoma DEPARTMENT OF HEALTH SERVICES, Maternal, Child & Adolescent Health Program, the right to display, reproduce and publish photographs of myself and my child or children. I agree that I have no legal or financial right to the photograph once it has been submitted.

Signature of Breastfeeding Woman _____ Date _____

Names of child/children in photo _____

_____ Date _____

Signature of Parent or Guardian

Name of Photographer: _____ Phone Number: _____

I understand the above release and give my permission for these photographs to be reproduced by the County of Sonoma DEPARTMENT OF HEALTH SERVICES, Maternal, Child & Adolescent Health Program.

Signature of Photographer: _____ Date _____



- *Please see complete rules on the reverse side of this entry form. This entry form may be duplicated. For more information call Karen Clemmer at 565-4554.*
- **DEADLINE FOR ENTRY IS JULY 24, 2009**

***** Employees and family members of County of Sonoma Department of Health Services are ineligible for this contest. *****

For office use only:

Breastfeeding for the Joy of it Breastfeeding in Public Area

Received: _____

Entry #: _____

Processed by: _____