



NATIONAL VETERANS
CREATIVE ARTS
COMPETITION

To: Creative Arts Festival Participants- Fort Harrison

The 2024-25 Montana Veterans Creative Arts Festival will be held 8/14-19 and 30 at FT. Harrison. Please complete the local application and return to Mike Bassett no later than August 1st, 2024. We are asking you to return the application so we have an idea of how many pieces of artwork to expect. Please indicate on the application if you are submitting more than one item and what division. **We will categorize the artwork when it is submitted at the VA. Artwork must have been completed after April 1, 2023.** If you have questions about how big an item can be or how long (3 minutes or under for performances) your artwork can be please call Mike Bassett. If you place in the top three in your category at the local show then you will need to fill out the National CAF application. A signed picture release form will also need to be submitted with your artwork.

***Please send completed application to:**
MT VA Health Care System
Rehab Services (117) attn: Mike Bassett
3687 Veterans Drive
PO Box 1500
Fort Harrison, MT 59636.

*All artwork will be evaluated for appropriateness: No nudity, vulgar or obscene artwork will be accepted.

Mike Bassett will be coordinating the local Creative Arts Festival, Mike's phone number is (406) 447 7070 or email at michael.bassett@va.gov If you have any questions please do not hesitate to call one of us.

Important Dates for 2024

Application due: 8/1

Video taping performing arts: 8/12 and 8/13

Artwork Delivery: 8/14

Judging: 8/15

Opening: 8/16

Show: 8/16-19

Artwork Pickup: 8/19 12:00-4:00pm

***Artwork work needs to be delivered and dropped off at Fort Harrison VA Medical Center.**

Questions please call Mike Bassett
(406) 447-7070

Please keep this Page

2024- VA Montana Health Care System, Fort Harrison Veterans Creative Arts Festival Local Application

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: (home) _____ (cell/work) _____

*Please write in which of the categories you are entering. You will be allowed a maximum of three pieces in each division (fine art, drama, creative writing, music, dance) and may only enter one piece per category (there are multiple categories), not exceeding more than a total of five pieces of artwork. Example: you may not enter two oil paintings, but you may enter an oil painting and a water color painting.

For more information visit: www.creativeartsfestival.va.gov

****ARTWORK must have been completed April 1, 2023****

Category	Title	Date completed

Important Dates for 2024

Application due: 8/1/24

Video taping performing arts: 8/12 and 13

Artwork Delivery: 8/14

Judging: 8/15

Opening: 8/16

Show: 8/16-19

Artwork Pickup: 8/19 from 12:00-4:00pm.

***ALL ARTWORK WILL BE EVALUATED PRIOR TO SHOW BY LOCAL COMMITTEE.
ARTWORK THAT IS NOT CONSIDERED ACCEPTABLE AT THE VA WILL BE RETURNED TO
OWNER. NO NUDITY, VULGAR LANGUAGE, ETC.**

Please RETURN this page

EACH VETERAN MUST SIGN FORM 10-3203 TO COMPETE IN THE LOCAL AND NATIONAL LEVEL CREATIVE ARTS COMPETITIONS. The signed form should not be submitted to the Arts4Vets App for national competition judging. The signed form must be safeguarded at the Veteran's VA facility.



Department of Veterans Affairs

CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA

NAME OF INDIVIDUAL WHOSE STATEMENT, LIKENESS, OR VOICE IS REQUESTED

NOTE: The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance that number of parties involved, and **the Veteran's VA facility and the Dept. of VA Office of National Veterans Sports Programs & Special Events.**

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) ***(To Be Completed by the Department of Veteran Affairs, if applicable)***

A participant in an adaptive sport or creative arts therapy program sponsored by the Veteran's VA facility and the Office of National Veterans Sports Programs and Special Events (NVSP&SE) and the American Legion Auxiliary.

Check at least one of the following (to be completed by VA)

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and/or the Veteran's VA facility to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and/or the Veteran's VA facility to obtain or use a verbal or written statement from me (or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be _____ completed by VA)

Internally (stay within VA) Externally (shared outside VA)

Please check the applicable purpose(s) (to be completed by VA)

Promotional Efforts:

Internal Publication (only VA) External publication (publicly available)

Other (Specify): Newspapers, radio stations, television stations, participant profiles, souvenir program booklet and DVD, and other media outlets. In addition, VA may release this information to sponsor organizations of the National Veterans Sports Programs and Special Events in the form of other media products to promote the positive aspects of creative arts therapy.

Research Activities: Study

Education Purposes:

Presentation Conference Publication in a Journal Training

Other (Specify):

VA ONLY Use:

Performance Improvement Quality Improvement Health Care Operations

Other (Specify):

All of the Above

NOTE: Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

Print Veteran Full Name (First and Last Name)	Veteran Signature	Date
<i>Permission Obtained By (TO BE COMPLETED BY VA)</i> Print VA Employee Full Name	Title	Date
<i>Signature of Person Obtaining Consent (TO BE COMPLETED BY VA)</i> Print VA Employee Full Name	VA Employee Signature	Date

IMPORTANT: If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA. **VA FORM 10-3203 JUL 2020**