

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Florida Health Photo Contest Rules

Your Photographs

Digital photographs must be a minimum resolution of 1024x768 (or higher) pixels. Formats that are accepted are .jpg, .eps, .psd, .pdf and .tif.

Photographs can be color or black and white. Photographs may be either vertical or horizontal.

Submitted photographs must be taken within the guidelines and relevant subject matter for specified contest.

Minor digital enhancements for cropping, red-eye removal, filters and corrective functions are permitted, but images that have been altered significantly will be disqualified. Contestants are not permitted to place borders, frames or backgrounds around their images or to place watermarks, dates, signatures or copyright images onto photos.

Submitting Photographs

Contestants may register up to 2 photographs for each contest. Contestants must be 13 years old or older.

Contestants may email their digital photos (up to 5 MB) to socialmedia@flhealth.gov. Completed Photograph Entry Forms, Photographer Release forms and Model Release forms may be scanned and emailed to the same email address.

Contest entries must be received by email, no later than 11:59 p.m., on the last day of the contest. There will then be a week of voting time; after which, a winner will be selected.

Model/Portrait Release: Photographs that include recognizable people must include a signed Model Release form before the photograph will be accepted into the Photo Contest and displayed. A parent or guardian must consent for people under 18 years old.

Monthly Photo Contest: Photos received are reviewed by a panel of Florida Health staff for basic qualification before posting on this website. Qualifying photographs will be judged by website visitors throughout the timeframe for the competition. Voting will be conducted by an online visitor's poll and a winning decision shall be a result of that poll. The photograph that receives the most overall likes will be considered the winner for that photo contest.

Prizes

Winners will receive a one day entry pass to Florida's state parks.

Use of the Photos

Entry materials will **not** be returned.

The Florida Department of Health has non-exclusive rights to crop registered photographs for display purposes, if necessary, and for other needs as required or as they see fit.

In the event that ownership of any photograph submitted is contested in any manner, Florida Department of Health reserves the right to discontinue use of said photograph and disqualify the photograph from the contest.

Entries that fail to comply with the Contest Rules will be disqualified.

Florida Health has non-exclusive rights to use and publish the photographs on their website or in publications in conjunction with this contest. Florida Health may also use the photographs in other department promotions, such as website, brochures, magazines, and for other marketing and promotional uses. The department recognizes that the photographer owns the image and the copyright to the photograph. Photographs may be shared with the media.

Eligibility

Florida Department of Health employees are not eligible to participate.

Rule Changes

Rules are subject to change without notice but will be posted on this website.

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CONSENT, PERMISSION AND RELEASE FOR USE OF PHOTO, VIDEO AND/OR AUDIO

I hereby give consent and permission to the Florida Department of Health (DOH) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of the appearance of (print name) _____, age (if minor) _____.

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use and publication of my name, participation, picture, and/or likeness by the DOH and/or its employees and/or agents, as well as the entity seeking this consent, and photographs, video and/or audio for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward until I revoke this consent in writing.

I acknowledge that the DOH is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. I acknowledge that the photographs, video and/or audio may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, intranet, or in other media once released.

The DOH has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the DOH, its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

I have read this Consent before signing and fully understand the contents, meaning and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing this Consent.

Name: _____

Address: _____

Telephone Number/Email address: _____

Signature of Subject: _____ Date: _____

Required if Subject is under age 18:

Name of Parent/Legal Custodian: _____

Signature of Parent/Legal Custodian: _____

Witness Name: _____

Witness Signature: _____ Date: _____

I am revoking this consent.

I understand that every effort will be made to remove the item from the site within a reasonable timeframe. I also understand that this file may have been copied without permission, and I agree not to hold the Department of Health responsible for instances of these violations.

Signature: _____ Date: _____