

# Beyond the Buzz: Youth Voices on Tobacco, Cannabis, Vaping and Alcohol

## Poster Contest Entry Form

Submit your artwork along with this entry form either by mail or email. Artists may submit one entry per contest theme. Each entry must be accompanied by an entry form. **Entry deadline is 11:59 p.m. PST on Dec. 15, 2024.**

1. Original artwork can be mailed to:  
Interior Health – Population Health  
Legal Substances Program  
1440 14th Ave.  
Vernon, B.C. V1B 2T1
2. Digital artwork can be emailed to:  
[LegalSubstances@interiorhealth.ca](mailto:LegalSubstances@interiorhealth.ca)

Date: _____		
Name (First, Last): _____		Age: _____
School: _____		Grade: _____
School Teacher (First, Last): _____		
Student Email: _____		Phone: _____
Title of Artwork (if applicable): _____		
Theme of Artwork:		
<input type="checkbox"/> <b>Alcohol:</b> The silent damage of Alcohol: Health risks and impacts <input type="checkbox"/> <b>Tobacco:</b> Clear the air: The environmental toll of Tobacco <input type="checkbox"/> <b>Vape:</b> Hidden impacts of Vaping: Health risks and misconceptions <input type="checkbox"/> <b>Cannabis:</b> Your brain and Cannabis: Impacts on mental health and well-being		
I, _____, certify that I:		
<input type="checkbox"/> Have read the contest rules. <input type="checkbox"/> Have submitted one (1) original artwork per theme of no more than one page in length, between 8.5 x 11 and 11 x 17 inches in size. <input type="checkbox"/> Confirm that my artwork submission has not included the use of any AI generated images. <input type="checkbox"/> Am under the age of 19 years. <input type="checkbox"/> Am enrolled in a school program and in Grade 6-12. <input type="checkbox"/> Live in the <a href="#">Interior Health region</a> . <input type="checkbox"/> Understand that I retain copyright to my work but agree for Interior Health to use. My poster may be used in the promotion of national, regional, and local substance use prevention campaigns, and featured in schools, community settings, and on Interior Health’s social media platforms, website, and in hospitals and health-care centres. My name, grade level and school may also be included.		
Student Name	Student Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date