

AWI Kansas Heart of America Scholarship Assignment Release Form

Instructions for completing this form: By Feb 15

1) Complete this form as a Word.DOC, 2) print it out on paper, 3) sign the form in ink, 4) scan your completed and signed form into a PDF format, 5) Email your completed and signed Assignment Release along with your completed scholarship application to scholarships@heartofamericaawi.org

The undersigned is participating as an applicant for a scholarship sponsored and/or granted by the AWI KANSAS HEART OF AMERICA Chapter (hereinafter referred to as the "Chapter"). The undersigned acknowledges that photographs may be submitted by the applicants or photographs may be taken of the applicants for the purpose of advertising and promotion.

For good and valuable consideration including his/her participation in the photo shoot, the undersigned does hereby assign, sell, and transfer to the Chapter all of his/her rights, title and interest in and to all such photographs of the undersigned submitted by or taken in connection with said photo shoot, including all negatives thereof.

The undersigned hereby voluntarily consents to and authorizes the Chapter's future use of said photographs and negatives, and the undersigned's name in advertising and promoting its Program and for other lawful purposes. The manner in which the Chapter uses said photographs and/or the name of the undersigned shall be entirely within the Foundation's discretion. The undersigned agrees that he/she will not be entitled to any compensation or payment for any subsequent use of the photographs or his/her name by the Chapter.

The undersigned does further hereby release, discharge and acquit the Chapter, its officers, directors, members, sponsors, employees and agents, of and from any and all claims, demands, actions, and causes of action, at law or in equity, which he/she may have or hereafter acquire against the Chapter, arising either directly or indirectly from: 1. his/her participation in said photo shoot; or 2. the Chapter's use of the photographs and the undersigned's name.

The undersigned also consents and agrees that the Chapter may contact any or all of the individuals submitted as references, supervisors, or instructors and educational and other institutions listed, for the purpose of verifying application data or seeking additional information with regard to the applicant.

Signed: _____ Date signed _____

Print Name

Last

First

Middle

Mailing Address (home):

Street Address

City,

State,

Zip

Phone Number

E-mail Address