



American Saddlebred Association of Arizona
PO Box 27257
Scottsdale, AZ 85255

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

I, _____, do hereby give the American Saddlebred Association of Arizona (ASAA) full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I am attending, photographs that I have provided, and college update information and any other information as part of the application process.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by ASAA in its print or electronic correspondence, social media, or on its website.

I understand that this Agreement in no way obligates the ASAA to publish or use the above-described information.

All submitted material becomes the property of ASAA and will not be returned.

EXECUTED this date of _____

By:

(Print Name)

(Signature)

Witnessed by (parent or guardian if applicant is a minor):

(Print Name)

(Signature)