



RELEASE FORM

Release forms may be handwritten. Illegible forms will *not* be accepted.

All individuals included in a project, including the official competitor(s), must sign a Release Form for him/herself for this event.

(This form must be completed for all events as specified in the event guidelines.)

Event # VO3
Event Name Software Development Teams
Member ID 00077759
Team ID (if applicable) _____

I hereby consent irrevocably to the use and reproduction (electronically or in print) of any and all photographs and other media taken of me in any form whatsoever for a Business Professionals of America Workplace Skills Assessment Program Competitive Event.

Consent is also granted for any printed matter, video, or audio recording used in conjunction with the photograph(s) and with the use of my name.

I have read this document and am fully aware of the content and implications, legal and otherwise.

This information must be completed here and will also be required online if this event is submitted to a BPA website for national competition.

Name Sliman Aitraiss
Address 6958 Endsleigh dr
City Reynoldsburg State Ohio ZIP 43068

A printed copy with signature(s) must be provided for the judges before you present.

Signature 
Date 01/08/2024

Parental Verification

Signature of Parent or Guardian
(If person is under 18 years of age.)

Signature _____
Date _____



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Event # V03
Event Name Software Engineering Team
Member ID 00077883
Team ID (if applicable) _____

I hereby consent irrevocably to the use and reproduction (electronically or in print) of any and all photographs and other media taken of me in any form whatsoever for a Business Professionals of America Workplace Skills Assessment Program Competitive Event.

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Name Jerry Angus
Address 3343 Sweetser Court
City Pickerington State OHIO ZIP 43147

A printed copy with signature(s) must be provided for the judges before you present.

Signature Jerry Angus
Date Jan, 9, 2024

Parental Verification

Signature of Parent or Guardian
(If person is under 18 years of age.)

Signature Brenda Mullins
Date 1/10/24



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Event # V03
Event Name Software Engineering Team
Member ID 00077764
Team ID (if applicable) _____

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This information must be completed here and will also be required online if this event is submitted to a BPA website for national competition.

Name Alexander Colburn
Address 15 Fair Oaks Lane
City Pickerington State OH ZIP 43147

A printed copy with signature(s) must be provided for the judges before you present.

Signature Alex Colburn
Date 1/10/2024

Parental Verification

Signature of Parent or Guardian
(If person is under 18 years of age.)

Signature Andrea Colburn
Date 1-10-2024



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Event # VO3
Event Name Software Development Team
Member ID 00077873
Team ID (if applicable) _____

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Consent is also granted for any printed matter, video, or audio recording used in conjunction with the photograph(s) and with the use of my name.

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This information must be completed here and will also be required online if this event is submitted to a BPA website for national competition.

Name Kaleb James Philbrick
Address 4670 Lasky Ct.
City Columbus State Ohio ZIP 43230

A printed copy with signature(s) must be provided for the judges before you present.

Signature *Kaleb Philbrick*
Date 1/8/2024

Parental Verification

Signature of Parent or Guardian
(If person is under 18 years of age.)

Signature *Nicholas J. Philbrick*
Date 1-8-24