



BUSINESS
PROFESSIONALS
of AMERICA
Giving Purpose to Potential

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 # V03-Sol-5
Event Name Software Engineering Team
Member ID 00015200
Team ID (if applicable) 58-0105-1

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 Jeremiah Pfaff
Address 5600 West Alexis Rd Apt 109
City Sylvania State Ohio ZIP 43560

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

Signature Jeremiah Pfaff
Date 1/13/22

Parental Verification

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

Signature _____
Date _____

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

Event # V03-SET-S
Event Name Software Engineering Team
Member ID 00015207
Team ID (if applicable) 58-0105-1

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 Mohamed Abdou
Address 5215 Silvertown Dr.
City Sylvania State Ohio ZIP 43560

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

Signature Mohamed
Date 1/13/22

Parental Verification

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

Signature [Signature]
Date 1.13.2022