



**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 must sign a Release Form for him/herself for this event, including the official competitor.

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

Event # V03
Event Name Software Engineering Team
Contestant # 00116089
Team ID (if applicable) X 58-0150-2

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 Haben Andemariam
Address 7014 Tomahawk Trl
City Reynoldsburg State OH ZIP 43068

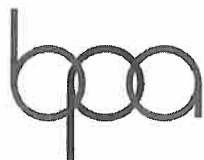
A printed copy with signature(s) must be provided for the judges before you present.

Signature [Signature]
Date 12/12/25

Parental Verification

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

Signature [Signature]
Date 11/14/25



**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 must sign a Release Form for him/herself for this event, including the official competitor.

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

Event # V03
Event Name Software Engineering Team
Contestant # 00116090
Team ID (if applicable) X 58-0150-2

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 Christopher Bailey
Address 10925 Lockbourne Eastern Rd
City Ashville State OH ZIP 43103

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

Signature

Chris Bailey

Date

1/13/25

Parental Verification

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

Signature

Date



**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 must sign a Release Form for him/herself for this event, including the official competitor.

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

Event # V03
Event Name Software Engineering Team
Contestant # 00116097
Team ID (if applicable) 2 58-0150-2

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 Baslel Etissa
Address 745 Ridgeview Dr
City Pataskala State OH ZIP 43062

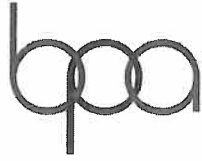
A printed copy with signature(s) must be provided for the judges before you present.

Signature Baslel Etissa
Date 1/15/25

Parental Verification

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

Signature _____
Date _____



**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 must sign a Release Form for him/herself for this event, including the official competitor.

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

Event # V03
Event Name Software Engineering Team
Contestant # 00116116
Team ID (if applicable) X 58-0150-2

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 Luke Wall
Address 2220 Rodger Rd.
City Obetz State OH ZIP 43207

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

Signature Luke Wall
Date 1-15-25

Parental Verification

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

Signature _____
Date _____