



BUSINESS  
PROFESSIONALS  
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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 # H 53  
Event Name Website Design Team  
Member ID 00013770  
Team ID (if applicable) Team 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 Mathias Bustamante  
Address 2864 Station House Way  
City Waynesville State Ohio ZIP 45068

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

Signature [Signature]  
Date 1/10/22

### Parental Verification

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

Signature \_\_\_\_\_  
Date \_\_\_\_\_



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Event # 435  
Event Name Website Design Team  
Member ID 00013787  
Team ID (if applicable) Team #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 Xander Lewis  
Address 1721 Grand Cypress Blvd.  
City Waynesville State OH ZIP 45068

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

Signature Xander Lewis  
Date 1-11-22

### Parental Verification

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

Signature Hallie Lewis  
Date 1-11-22



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Event # 435  
Event Name Website Design Team  
Member ID 00053201  
Team ID (if applicable) Team #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 Tommy Brown  
Address 8098 Country Brook Ct.  
City Springboro State Ohio ZIP 45066

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

Signature Tommy Brown  
Date ~~6/22/22~~ 1/10/22

### 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 # V35  
Event Name Website design team  
Member ID 00053208  
Team ID (if applicable) Team #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 Keegan Freyher  
Address 750 valley view pt  
City Springboro State OH ZIP 45066

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

Signature Keegan Freyher  
Date 11/10/22

### Parental Verification

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

Signature \_\_\_\_\_  
Date \_\_\_\_\_