

SOURCES

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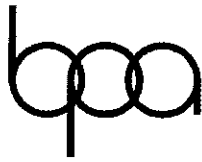
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**BUSINESS
PROFESSIONALS
of AMERICA**
Giving Purpose to Potential

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 # 435
Event Name website design team
Member ID 00074584
Team ID (if applicable) 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 Kayleigh Justice
Address 336 Wolf run rd
City West Portsmouth State OH ZIP 45663

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

Signature Kayleigh Justice
Date 11-27-23

Parental Verification

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

Signature [Signature]
Date 11-27-23



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

Event #

435

Event Name

web design team

Member ID

000 74583

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

Jacob Hansen

Address

1299 Kendall Rd

City

Minneapolis

State

OHIO

ZIP

45652

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

Signature

Jacob Hansen

Date

2/23/23

Parental Verification

Signature of Parent or Guardian

(If person is under 18 years of age.)

Signature

David Hansen

Date

2/28/23



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

Event # 435
Event Name Website Design Team
Member ID 00074590
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 Emma Rhoden
Address 1151 Pinewood St
City Lucasville State Ohio ZIP 45648

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

Signature Emma Rhoden
Date November 25, 2023

Parental Verification

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

Signature Heather Rhoden
Date 11-27-23