

Event #	435	
Event Name	website Jesign team	
Member ID	94813	
Team ID (if appl	licable)	
of America Worl	irrevocably to the use and reproduction (electronically or in print) of any and and other media taken of me in any form whatsoever for a Business Professionals kplace 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 o	document and am fully aware of the content and implications, legal and	
This information in BPA website for in Name Address	must be completed here and will also be required online if this event is submitted to a national competition. Chris Kurzhals	
City	8800 Holden Blvd	
City	Fair field State 017 ZIP 45014	
	th signature(s) must be provided for the judges before you present.	
Signature Date	12-2-2022	
Parental Verific Signature of Paren (If person is under	t or Guardian	
Signature		
Date		



435		
Website design Team		
94813		
pplicable)		
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so granted for any printed mograph(s) and with the use o	atter, video, or audio recordi f my name.	ing used in conjunction
nis document and am fully av	vare of the content and impli	cations, legal and
on must be completed here and for national competition.	d will also be required online is	f this event is submitted to a
Austin Osner		
8800 Holden Blvd		
Fairfield	State OH	ZIP 45014
with signature(s) must be pro	vided for the judges before you	u present.
- Dan or	L\S	
12-2-2022	\	
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	Website design Team 94813 Applicable) Sent irrevocably to the use and she and other media taken of Workplace Skills Assessment So granted for any printed mograph(s) and with the use of the use o	Website design Team 94813 pplicable) ent irrevocably to the use and reproduction (electronicall this and other media taken of me in any form whatsoever is vorkplace Skills Assessment Program Competitive Event. so granted for any printed matter, video, or audio recording aph(s) and with the use of my name. nis document and am fully aware of the content and implication must be completed here and will also be required online in for national competition. Austin Osner 8800 Holden Blvd Fairfield State OH with signature(s) must be provided for the judges before your properties of the content and the provided for the judges before your properties of the provided for the judges before your provided for the judges before your properties of the provided for the judges before your properties of t



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 #	935	
Event Name	web site design team.	
Member ID	94813	
Team ID (if ap	plicable)	
an photograph	nt irrevocably to the use and reproduction (electronically or in print) of any and is and other media taken of me in any form whatsoever for a Business Professionals orkplace 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 thi otherwise.	s document and am fully aware of the content and implications, legal and	
This information BPA website for Name	n must be completed here and will also be required online if this event is submitted to a r national competition. Annalise Heffon	
Address	8800 Holden Blud	
City	Fair Field State OH ZIP 45014	
A printed copy	with signature(s) must be provided for the judges before you present.	
Signature		
Date	12-2-2022.	
Parental Verif Signature of Par (If person is und		
Signature		
Date		



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Event #	433
Event Name	website Design team
Member ID	94813
Team ID (if ap	plicable)
all photograph	nt irrevocably to the use and reproduction (electronically or in print) of any and s and other media taken of me in any form whatsoever for a Business Professionals orkplace Skills Assessment Program Competitive Event.
Consent is also with the photog	granted for any printed matter, video, or audio recording used in conjunction graph(s) and with the use of my name.
I have read this otherwise.	s document and am fully aware of the content and implications, legal and
This information BPA website for	n must be completed here and will also be required online if this event is submitted to a r national competition.
Name	Dary Freeman
Address	8800 Holden blud
City	Fair Field State 017 ZIP 45014
A printed copy v	with signature(s) must be provided for the judges before you present.
Signature	Dary Freeman
Date	12-2-2022
Parental Verif	fication
Signature of Par	ent or Guardian
(If person is und	er 18 years of age.)
Signature	
Date	



Event #	435	
Event Name	Website design Team	
Member ID	94813	
Team ID (if ap	oplicable)	
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.		
BPA website for Name	on must be completed here and will also be required online if this event is submired to require the submired on the submired o	itted to a
Address	8800 Holden Blvd	
City	Fairfield State OH ZIP 45014	
A printed copy Signature	with signature(s) must be provided for the judges before you present.	
Date	12-2-2022	
(If person is un	ification rent or Guardian der 18 years of age.)	
Signature Date		



Event #	435
Event Name _	website design team
Member ID _	94813
Team ID (if app	licable)
all photographs	t irrevocably to the use and reproduction (electronically or in print) of any and and other media taken of me in any form whatsoever for a Business Professionals kplace Skills Assessment Program Competitive Event.
Consent is also gwith the photogr	granted for any printed matter, video, or audio recording used in conjunction raph(s) and with the use of my name.
I have read this otherwise.	document and am fully aware of the content and implications, legal and
BPA website for	must be completed here and will also be required online if this event is submitted to a national competition.
Name	ower williams
Address	2800 Holden Blud
City	Fair Field State OH ZIP 45014.
A printed copy w	rith signature(s) must be provided for the judges before you present.
Signature	eller Muller
Date	12-2-2-22
Parental Verifi Signature of Pare (If person is unde	
Signature	
Date	



	427
Event #	
Event Name	website Design team
Member ID _	94813
Team ID (if ap)	plicable)
all photographs	nt irrevocably to the use and reproduction (electronically or in print) of any and s and other media taken of me in any form whatsoever for a Business Professionals rkplace Skills Assessment Program Competitive Event.
Consent is also with the photog	granted for any printed matter, video, or audio recording used in conjunction graph(s) and with the use of my name.
I have read this otherwise.	document and am fully aware of the content and implications, legal and
This information BPA website for	n must be completed here and will also be required online if this event is submitted to a national competition.
Name	Caiden Collett
Address	8800 Holden Blud
City	Fair Field State Offic ZIP 45014
A printed copy v	with signature(s) must be proyided for the judges before you present.
Signature	Caid-Medrell
Date	12-2-2022
Parental Verif Signature of Pare (If person is under	300
Signature	
Date	



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Team ID (if ap	plicable)	
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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.		
I have read this otherwise.	s document and am fully aware of the content and implications, legal and	
This information BPA website for	n must be completed here and will also be required online if this event is submitted to a r national competition.	
Name	myron cooper II	
Address	_8800 Holder Blud	
City	Fairfield State OH ZIP 45014	
	with signature(s) must be provided for the judges before you present.	
Signature	Myrom Coaper	
Date	16-6-2016	
_	fication rent or Guardian der 18 years of age.)	
Signature		
Date	12-2-2022	



Event #	435		
Event Name	Website design Team		
Member ID	94813		
Team ID (if a	pplicable)		
all photograpl	ent irrevocably to the use and repr hs and other media taken of me in Forkplace Skills Assessment Progra	any form whatsoever	for a Business Professionals
Consent is also with the photo	so granted for any printed matter, ograph(s) and with the use of my n	video, or audio recordi name.	ing used in conjunction
I have read th otherwise.	nis document and am fully aware o	f the content and impli	cations, legal and
BPA website for Name	on must be completed here and will for national competition.	also be required online i	f this event is submitted to a
Address	8800 Holden Blvd		
City	Fairfield	State OH	ZIP 45014
A printed copy Signature Date	with signature(s) must be provided 12-2-2022	for the judges before yo	u present.
	rification arent or Guardian nder 18 years of age.)		
Signature Date			



Event #	435		
Event Name	Website design Team		
Member ID	94813		
Team ID (if a	pplicable)		
all photograp	sent irrevocably to the use and ohs and other media taken of m Vorkplace Skills Assessment Pr	e in any form whatsoever	for a Business Professionals
Consent is als with the phot	so granted for any printed mat ograph(s) and with the use of 1	ter, video, or audio record my name.	ing used in conjunction
I have read th otherwise.	nis document and am fully awa	are of the content and impl	ications, legal and
This informati BPA website f Name Address	for national competition. CODY Refit+ 8800 Holden Blvd	will also be required online	if this event is submitted to a
City	Fairfield	State OH	ZIP 45014
	y with signature(s) must be provi		
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Signature of Pa	rification arent or Guardian nder 18 years of age.)		
Signature of Pa	arent or Guardian		



Event #	435	
Event Name	Website design Team	
Member ID	94813	
Team ID (if a	pplicable)	
all photograp	ent irrevocably to the use and reproduction (electronically or in print) of a hs and other media taken of me in any form whatsoever for a Business Pro forkplace Skills Assessment Program Competitive Event.	ny and ofessionals
	o granted for any printed matter, video, or audio recording used in conjugation of the co	ıction
I have read th otherwise.	is document and am fully aware of the content and implications, legal and	Ĺ
This information BPA website for Name Address	on must be completed here and will also be required online if this event is subror national competition.	nitted to a
City	Fairfield State OH ZIP 4501	4
A printed copy	with signature(s) must be provided for the judges before you present.	
Signature	Madam	
Date	12-2-2022	
	ification urent or Guardian der 18 years of age.)	
Signature		
Date		



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Event #	733	
Event Name	website Design Team	
Member ID	94813	
Team ID (if ap	oplicable)	
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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.		
I have read the otherwise.	is document and am fully aware of the content and implications, legal and	
This information BPA website for Name	on must be completed here and will also be required online if this event is submitted to a part of the	
Address	4 Pinehurst ct	
City	Fairfield State OH ZIP 45014	
A printed copy Signature	with signature(s) must be provided for the judges before you present.	
Date	11/09/2022	
Date	11 [09] 12022	
	fication rent or Guardian der 18 years of age.)	
Date	11/09/2022	



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Event #	935
Event Name	website design team
Member ID	94813
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.	
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 Yeshab Poude(
Address	8800 Holden Blud
City	Fairfield State OH ZIP 45014
A printed copy wi Signature Date	th signature(s) must be provided for the judges before you present. 1-30 -2022
Parental Verific Signature of Paren (If person is under Signature	at or Guardian 18 years of age.)
Date	11-30-2022