



**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 94813
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 Chris Kurzhaals
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature [Signature]
Date 12-2-2022

Parental Verification

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

Signature _____
Date _____



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Name Austin Osner
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

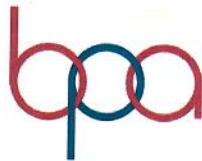
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Signature 
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Name Annalise Heffron
Address 8800 Holden Blvd
City Fair Field State OH ZIP 45014

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

Signature AM
Date 12-2-2022.

Parental Verification

Signature of Parent or Guardian
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Signature _____
Date _____



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Name Daryl Freeman
Address 8800 Holden blvd
City Fairfield State OH ZIP 45014

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Signature Daryl Freeman
Date 12-2-2022

Parental Verification

Signature of Parent or Guardian
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Signature _____
Date _____



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Name Colten Abel
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature Colten Abel
Date 12-2-2022

Parental Verification

Signature of Parent or Guardian
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Signature _____
Date _____



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Name Owen Williams
Address 8800 Holden Blvd
City Fair Field State OH ZIP 45014

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

Signature [Handwritten Signature]
Date 12-2-2022

Parental Verification

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

Signature _____
Date _____



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Name Caider Collett
Address 8800 Holden Blvd
City Fair Field State Ohio ZIP 45014

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Signature Caider Collett
Date 12-2-2022

Parental Verification

Signature of Parent or Guardian
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Signature _____
Date _____



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Name MYRON COOPER JR
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature Myron Cooper
Date 12-2-2022

Parental Verification

Signature of Parent or Guardian
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Signature _____
Date 12-2-2022



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Name Oscar DeLeon
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature [Signature]
Date 12-2-2022

Parental Verification

Signature of Parent or Guardian
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Signature _____
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Name Cody Reffitt
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature Cody Reffitt
Date 12-2-2022

Parental Verification

Signature of Parent or Guardian
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Signature _____
Date _____



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Name Madan Acharya
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature Madan
Date 12-2-2022

Parental Verification

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

Signature _____
Date _____



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Name Amr Daraghme
Address 4 Pinehurst Ct
City Fairfield State OH ZIP 45014

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

Signature [Signature]
Date 11/09/2022

Parental Verification

Signature of Parent or Guardian
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Signature [Signature]
Date 11/09/2022



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Name Keshab Poudel
Address 8800 Holden Blvd
City Fairfield State OH ZIP 45014

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

Signature [Signature]
Date 11-30-2022

Parental Verification

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

Signature [Signature]
Date 11-30-2022