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| **RELEASE FORM** | | | | | | | | | |
|  | | | | | | | | | |
| Release forms may be handwritten. Illegible forms will *not* be accepted.  **(This form must be completed for all events as specified in the event guidelines.)** | | | | | | | | | |
|  | | | | |  | | | | |
| **Event #** |  | | | | | | | | |
| **Event Name** |  | | | | | | | | |
| **Contestant #** |  | | | | | | | | |
| **Team ID (if applicable)** | | | |  | | | | | |
|  | | | | |  | | | | |
| **I hereby consent irrevocably to the use and reproduction (electronically or in print) of any and all photographs 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 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** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **City** | |  | | | | **State** |  | **ZIP** |  |
|  | | | | |  | | | | |
| A printed copy with signature(s) must be provided for the judges before you present. | | | | | | | | | |
|  | | | | | | | | | |
| **Signature** | | |  | | | | | | |
| **Date** | | |  | | | | | | |
|  | | | | |  | | | | |
| **Parental Verification** | | | | |  | | | | |
| Signature of Parent or Guardian  (If person is under 18 years of age.) | | | | | | | | | |
|  | | | | | | | | | |
| **Signature** | | |  | | | | | | |
| **Date** | | |  | | | | | | |