



Today's students.  
Tomorrow's business professionals.

**RELEASE FORM**

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

**Event Name:** \_\_\_\_\_

**Event #:** \_\_\_\_\_

**Contestant ID#:** \_\_\_\_\_

**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 on-line 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:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

(If person is under 18 years of age.)

**Date:** \_\_\_\_\_