

Texas BPA

Web Site Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for Texas Business Professional of America. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of the Texas BPA and WMHS Web site.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Student Name

Address

City, State ZIP

Signature(s):

Student Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

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

Date _____ / _____ / _____
(Month) (Day) (Year)

Original forms will remain on file with the local BPA Advisor.