



Business Professionals of America Workplace Skills Assessment Program

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: