

MINNESOTA REGIONAL BRAILLE CHALLENGE

Hosted by: Region 11 Low Incidence Project at BrightWorks and SparkPath

When: Saturday, February 8, 2025

PERMISSION FORM

Must be signed by parental/legal guardian and returned by November 15, 2024 to BrightWorks: 2 Pine Tree Drive, Suite 101, Arden Hills, MN 55112, Attn: Colleen Feller by email or colleen.feller@brightworksmn.org. Only contests submitted with a signed permission form attached will be eligible for Braille Challenge Finals.

Please print legal name clearly and fill out completely

* Required fields

* Last Name _____ * First Name _____

* Address _____ Apt. No. _____

* City _____ * State _____ * ZIP _____

* Birthdate _____ * Age _____ * Grade _____ * Gender Male Female Decline to Answer

* E-mail _____ * Telephone _____

Have you ever used a refreshable braille display? Yes No

Do you have regular access to a refreshable braille display or braille notetaker? Yes No

If yes, what is the name of the device you use? _____

Have you ever paired a refreshable braille display or notetaker to an iPad, iPhone, or Android device? Yes No

Student's T-Shirt Youth: X-Small Small Medium Large

Size Adult: Small Medium Large XL XXL XXXL

Adult attending with student _____ TVI Parent Para

▶ CONTINUED ON NEXT PAGE ◀

TO BE COMPLETED BY TEACHER OF THE VISUALLY IMPAIRED (Please fill out completely)

Name of Teacher of the Visually Impaired _____

Teacher's Email _____ Teacher's Phone _____

Mark one. Note: all contests are in UEB format only.

Student Contest Level: App Fresh Soph JV Varsity Foundational
(NOT Grade in School) Grades 1-2 Grades 3-4 Grades 5-6 Grades 7-9 Grades 10-12

At Grade Level **Or** Below Grade Level (BGL)

* Students who take a contest below their academic grade level or test at the Foundational level are not eligible to attend Finals.

Contestant Name: _____

PERMISSION

As the parent or guardian of the contestant, I hereby give permission for the contestant to participate in the upcoming Braille Challenge preliminary contest and, if contestant qualifies, the Braille Challenge Finals and awards ceremony in Los Angeles, CA (collectively "Events").

LIABILITY RELEASE AND INDEMNIFICATION

In consideration of Braille Institute of America, Inc. ("BIA") permitting contestant to participate in the Events, I, on behalf of myself, the contestant, our heirs, successors and assigns, hereby waive and release, and agree to indemnify and hold harmless, BIA, its employees, officers, directors, volunteers and agents, including regional coordinators (collectively "Releasees") from, any and all claims, including claims of negligence, resulting in any physical or psychological injury, illness, damages, or economic or emotional loss, arising from or related to the contestant's participation in the Events.

PHOTOGRAPHIC AND RECORDING RELEASE

I hereby authorize BIA to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the name and visual likeness and/or voice or other sounds created by the above contestant (collectively "Reproductions"). BIA may use, distribute, permit, copyright, and/or license the Reproductions in any exhibition, display, publication, solicitation, or promotional or educational material, in any format, or on any website including without limitation BIA's website and social networking websites such as Facebook, Instagram, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

I have read this permission and release form, and understand that by signing it, I am giving up substantial rights I and/or the contestant would otherwise have to sue or recover damages for losses occasioned by the Releasees' fault. I sign this permission and release form voluntarily.

Parent's Print Name _____

Signature _____

Date: _____