CANE Quest®
A national orientation and mobility program of Braille Institute of America

2017 PARENT PERMISSION FORM
Scouts

Vision Forward Association

DUE DATE: OCTOBER 13, 2017

SUBMIT THIS COMPLETED PERMISSION FORM TO:
Vision Forward Association, 912 North Hawley Rd, Milwaukee, WI 53213, Attn: Madalyn Barnes.
Any questions, please call 414-615-0179 or email mbarnes@vision-forward.org.

Cane Quest seeks to motivate blind and visually impaired youth to practice proper safe travel techniques and overall orientation and mobility skills. It's designed to promote a student's confidence in any surrounding and build true mobility independence.

The Contest will be held at Vision Forward Association on November 18, 2017.
All contestants will receive a certificate of participation and earn prizes as they successfully navigate the route.

CONTEST DESCRIPTION:

1. Cane Quest, a program of Braille Institute, is open to visually impaired students in grades 3-6 who have received instruction in the use of the white cane, and who are both cognitively and physically able to walk independently for an hour at a time.
2. A student should be familiar with the skills on the checklist, but does not have to have mastered all of them.
3. A student's visual acuity must fall within the B1 through B2 classification range as defined by the United States Association of Blind Athletes.
   - **Class B1 -** No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.
   - **Class B2 -** From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.
4. Students must use a white cane for this contest, and must wear closed-toe shoes.
5. Cane Quest will be held rain or shine, but will be postponed or cancelled due to lightning.
6. Students will complete the course in partnership with a parent or other sighted volunteer, who will be under blindfold for sections of the route.
7. All participants will be monitored at all times throughout the route.
8. The route will be an "obstacle course" type challenge, and will be located entirely on the **Vision Forward** campus. Features may include sighted guide, sound localization, traveling a variety of specific routes, and reversal of routes.

Student's Last Name _____ First Name _____

Address _____ Unit/Apt. No. _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

Name of School _____

Name of School District _____

Student's Age _____ Student's Grade _____ Student's T-Shirt Size (circle one) Adult S M L XL XXL
Youth S M L

Scouts

O&M Specialist's Name _____

A separate skills checklist must be completed by your child's Orientation & Mobility Specialist to validate skill level and visual acuity.

PHOTOGRAPH, EDITORIAL AND RECORDING RELEASE

I hereby authorize Vision Forward Association and Braille Institute of America, Inc. ("BIA") to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by the above named contestant (collectively "Reproductions"). Vision Forward and BIA may use or permit to be used the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website including without limitation Vision Forward and BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

LIABILITY RELEASE

As the parent or guardian of _____ ("Minor"), I hereby give permission for the Minor to participate in Cane Quest ("Event"), sponsored by Vision Forward, to be held on November 18, 2017.

1. I know the Event is an orientation and mobility competition. I believe the Minor to be qualified and physically fit to participate in the Event.

2. I fully understand that: (a) the activities of the Event involve certain risks and dangers which may result in serious bodily injury, including permanent disability, paralysis or even death ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions or inactions or the actions or inactions of others participating in the Event, non-participants and/or the negligence of the "Releasees" named below; (c) there may be other risks not known to me or that are not readily foreseeable at this time; (d) the social and economic losses and/or damages that could result from those Risks could be severe and could permanently alter the Minor's future.

3. I consent to the Minor's participation in the Event and hereby accept and assume all such Risks, known and unknown, and assume all responsibility for any losses, costs and/or damages following such injury, disability, paralysis or death, even if caused in whole or in part by the negligence of the Releasees named below.

4. On behalf of the Minor and me and our respective personal representatives, heirs and assigns, I hereby release, discharge and covenant not to sue Vision Forward and/or BIA, its officers, directors, employees, members, Event participants and volunteers, sponsors, promoters or advertisers, owners and lessees of the premises and vehicles used to conduct the Event, orientation and mobility specialists, consultants and other persons or entities who give recommendations, directions, or instructions regarding the premises or Event, and all of the directors, officers, agents, and employees of the foregoing (all collectively referred to as "Releasees") from and for all liability, claims, demands, losses, injuries or damages arising from the Event or related travel, including, but not limited to, emotional distress, property damage and medical expenses, caused in whole or in part by the negligence of the Releasees or otherwise.

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

_____ _____

Parent/Guardian Signature Date

_____

Print Name