

# 2025 WISCONSIN REGIONAL BRAILLE CHALLENGE

Hosted by: Vision Forward Association

When: February 7, 2025

## PERMISSION FORM

Must be signed by parental/legal guardian and returned by January 10, 2025 to Vision Forward Association: 912 N. Hawley Rd. Milwaukee, Wisconsin 53213, US, Attn: Colleen Kickbush by email to ckickbush@vision-forward.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: \_\_\_\_\_