

BRAILLE CHALLENGE 2017

PERMISSION FORM

Must be signed by parental/legal guardian and returned to the **Teacher of the Visually Impaired** or **Regional Coordinator**. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge[®] Finals at Braille Institute[®].

Please print legal name clearly and fill out completely					*Required fields		
* Last Name			* First Name				
* Address					Apt. No		
* City			* State		* ZIP		
* Birthdate	* Age	* Grade	* Telephone				
* E-mail			Alternate phone				
Adult attending with student					□ Parer	nt 🗆 Para	
TO BE COMPLETED BY TEACH	ER OF THE VIS	UALLY IMPAIRED) (Please fill out complete	ely)			
Name of Teacher of the Visually Impa	iired						
Teacher's Email	Teacher's Phone						
Regional Coordinator Name (if applica	ble)				_		
Mark one: Student Contest Level: (NOT Grade in School)		Grades 3-4		🗖 Soph UEB		Grades 10-12	
At Grade Level Or Be			••		-		

CONTENT RELEASE

I hereby give permission to Braille Institute of America, Inc. ("BIA"), for my child to participate in The Braille Challenge preliminary contest. I understand that if my child qualifies, he or she is eligible to attend The Braille Challenge final contest in Los Angeles on June ##, 2017.

PHOTOGRAPHIC RELEASE

I hereby authorize 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"). 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 BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name

Signature _____