



2012 PARENT PERMISSION FORM Scouts



DUE: on or before March 1, 2012

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 April 21, 2012 from 8:30 a.m. to 4 p.m. at the Braille Institute Regional Center in Anaheim.

All contestants will receive a certificate of participation. The winner for each contest age group and vision acuity level will be awarded a medal and prizes.

CONTEST DESCRIPTION:

- The Cane Quest "Treasure Quest" Course 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 a half-hour at a time. To be eligible, 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.
- Students must use a white cane for this contest, and must wear closed-toe shoes.
- Cane Quest will be held rain or shine, but will be postponed or cancelled due to lightning.
- Students will complete the course in partnership with a parent or other sighted adult, who will be under blindfold.
- All participants will be monitored at all times throughout the route by certified orientation and mobility specialists.
- The route will be an "obstacle course" type challenge, and will be located entirely on the Braille Institute Regional Center, Anaheim campus. Features may include sighted guide, sound localization, traveling a variety of specific routes, reversal of routes, small staircase and ramps.
- Points are earned for accurately using proper travel techniques and procedures. Points are deducted (except in the case of a legitimate emergency situation) for soliciting assistance or deviating from the route and needing re-direction.
- All judging is performed by certified O&M specialists.

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

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 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"). 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.

LIABILITY RELEASE

As the parent or guardian of _____ ("Minor"), I hereby give permission for the Minor to participate in Cane Quest ("Event"), sponsored by Braille Institute of America, Inc. ("BIA"), to be held on April 21, 2012 from 8:30 a.m. to 4:00 p.m.

1. I know the Event is an orientation and mobility competition taking place on public streets and/or a shopping mall. 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, including but not limited to, walking along public thoroughfares, crossing streets, boarding and riding vehicles and accessing escalators and stairs, 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, the actions or inactions of others participating in the Event or non-participant motorists, the conditions of streets and highways and/or the shopping mall, the routes selected for the travel, the rules of the Event, 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 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

SUBMIT THIS COMPLETED PERMISSION FORM TO YOUR CHILD'S O&M SPECIALIST