



2018 PARENT PERMISSION FORM Explorers & Trailblazers



DUE DATE: OCTOBER 12, 2018

SUBMIT THIS COMPLETED PERMISSION FORM TO:

Braille Institute of America, 741 N Vermont Ave., Los Angeles, CA 90029, Attn: Jacky Garcia. Any questions, please call 323-906-3104 or email jgarcia@brailleinstitute.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 California State University, Los Angeles (CSLA) on October 27, 2018.

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

CONTEST DESCRIPTION:

1. Cane Quest, a program developed by Braille Institute, is open to visually impaired students in grades 7-12 who have received appropriate 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. A student should be familiar with the skills on the enclosed checklist, but does not have to have mastered all of them.
2. 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.
3. Students must use a white cane for this contest, and must wear closed-toe shoes.
4. Cane Quest will be held rain or shine, but will be postponed or cancelled due to lightning.
5. Students will compete in one of four groups:

Explorers	Trail Blazers
• B1; grades 7-9	• B1; grades 10-12
• B2; grades 7-9	• B2; grades 10-12
6. Students will be monitored throughout the route by certified Orientation and Mobility Specialists and assisted one-on-one by trained volunteers.
7. The route will include two basic environments: residential and light business or business.
8. All routes will be located in the community surrounding **CSLA**. Routes may include, but not be limited to, features such as finding a commercial storefront, using stairs, and navigating various types of intersections.
9. Points are earned for accurately completing each stage using proper travel techniques and procedures within the assigned time slot.
10. 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 _____

Explorers & Trailblazers

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 BIA to be held on October 27, 2018.

1. I know the Event is an orientation and mobility competition taking place on public streets. 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, and accessing 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, 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