

North Carolina Eastern Braille Challenge

Hosted by: State Library of North Carolina Accessible Books & Library Services and Governor Morehead School for the Blind

When: February 17, 2025

Snow Date: February 24, 2025

2025 Permission Form

Must be signed by parent/guardian and returned by Friday, January 31, 2025. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®

PERMISSION STATEMENT AND LIABILITY/PHOTOGRAPHIC RELEASE

I hereby give permission for my child to participate in all Braille Challenge events including the regional preliminary contest and, if eligible, the final contest and awards ceremony in Los Angeles, CA. In consideration of Braille Institute permitting my child to participate in Braille Challenge events, I, on behalf of myself, my child, our heirs, successors or assigns, hereby waive and release, and agree to indemnify and hold harmless, Braille Institute of America, Inc., its employees, officers, directors, volunteers and agents, including regional coordinators (collectively "BIA Parties") 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 my child's participation in any Braille Challenge event.

I authorize BIA Parties to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by my child (collectively "Reproductions"). BIA Parties may use or permit to be used in furtherance of Braille Institute's mission the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website, including without limitation Braille Institute's website or social media channels, without compensation to my child, my child's heirs, successors or assigns.

COVID-19: I understand that my child's participation in person in any Braille Challenge event may be conditioned upon my child's compliance with certain safety precautions, including without limitation the satisfactory completion of a health questionnaire, the wearing of a face covering and maintenance of specified social distancing.

Child's Name

Parent/Guardian Signature

Parent/Guardian Print Name Date