

2026 INDIANA REGIONAL BRAILLE CHALLENGE

Hosted by: Indiana School for the Blind and Visually Impaired

When: Saturday, January 31, 2026

PERMISSION FORM

Must be signed by parent/legal guardian and returned by December 12, 2025 to Cara Burchett by email to cburchett@isbvik12.org or by mail to The Indiana School for the Blind & Visually Impaired, 5050 E. 42nd St., Indpls., IN, 46226, attn: Cara Burchett. 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 ☐ M ☐ F ☐ Other

* E-mail _____ Phone _____

*Optional

Is your student graduating this year? If so, please provide their email address if you would like them to be added to the Braille Challenge Alumni Network _____

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.

☐ At Grade Level ☐ Below Grade Level (BGL)

Please select your student's Braille Challenge contest level below. Noted next to each level is the equivalent braille learning grade level:

☐ Foundational (pre-braille or early braille learning)

☐ Apprentice (grades 1-2)

☐ Freshman (grades 3-4)

☐ Sophomore (grades 5-6)

☐ Junior Varsity (grades 7-9)

☐ Varsity (grades 10-12)

* Students who take a contest below their academic grade level or test at the Foundational level are not eligible to attend Finals.

Braille Institute Services

Would you like to be notified about upcoming virtual workshops for students and parents? ☐ Yes ☐ No

Would you like to receive more information about free services offered by Braille Institute? ☐ Yes ☐ No

PERMISSION

As the parent or legal 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/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____