

## Solar Eclipse Viewing Permission Form



On August 21, 2017, a solar eclipse will be visible on a path across the United States. Our District will be in the path of the solar eclipse.

The Student Support Center has been busy planning to make this once in a lifetime event a unique learning experience for our students.

On August 21, 2017, students (with your permission indicated below) will be allowed to go outside and participate in activities and view the eclipse.

As always, student safety is our top concern. Looking directly at the sun is unsafe. The only safe way to look at the uneclipsed or partially eclipsed sun is through special-purpose solar filters, such as "eclipse glasses". Per NASA, homemade filters or ordinary sunglasses, even very dark ones, are not safe for looking at the sun. The District has purchased and will provide all students and participants who attend the outdoor activities eclipse glasses to wear during this event. Although there is no way to fully guarantee student safety during such a rare event, we will take precautionary measures including pre-education to make students aware of the risks involved in directly looking at the sun. **At no time should students or participants remove their eclipse glasses and look directly at the sun as it could cause permanent eye damage or other unknown affects. There is no way for the school to guarantee that your child will not remove their eclipse glasses, so please speak with your child about the importance of keeping their eclipse glasses on at all times during this event.**

If you want your child to participate in outdoor viewing activities planned on August 21st for the eclipse, please review, sign and return this form as soon as possible. If you do not wish for your child to be outside during this event or if you do not return this form, alternative activities will be held inside of the school building. **By signing this permission slip, you as an adult student or parent of a minor child, are acknowledging that you are aware of the risks associated with the solar eclipse, are freely assuming those risks, and waive the right to pursue any and all claims against the District, its agents, employees, Board of Education members, insurers, and others acting on the District's behalf.**

### Consent and Release

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I, parent/guardian of (or adult student): \_\_\_\_\_, hereby give consent for my son/daughter/me to participate in outdoor Solar Eclipse Viewing activities to view the Eclipse on August 21, 2017.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature (if over 18)