



2017 Solar Eclipse Viewing Permission Slip

On August 21, 2017, students (with your permission indicated below) will be allowed to go outside and participate in activities and view the maximum eclipse. As always, student safety is our top concern. Looking directly at the sun is unsafe. The only safe way to look at the partially eclipsed sun is through special-purpose solar filters, such as “eclipse glasses”. Each class will be provided with 5 pairs of ISO certified solar viewing glasses with the teacher monitoring use as the students take turns viewing this unique event. 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 for their 20 sec turn.

***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 to the teacher by Monday Aug 21st.** If you do not wish for your child to use the safety glasses to look at the eclipse, alternative activities will be held during this period. 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 this event, 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, STEMTaught, insurers, and others acting on the District’s behalf (collectively, “Releases”), of and from any and all claims, demands, causes of action and/or legal liabilities for eye injury, property damage, or other injuries to my son/daughter occurring during, or resulting from the Solar Eclipse Viewing, even if the cause, damages or injuries are alleged to be the fault of or caused by the negligence or carelessness of the Releases’.

Consent and Release:

Student Name: _____ School: _____

Grade: _____ Parent Signature _____

I, parent/guardian of (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.