



Solar Eclipse Viewing Permission Form

On August 21, 2017, for the first time since 1918, a solar eclipse will be visible on a path across the United States. Our school division will be in the path of totality for the solar eclipse. We are 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 participate in event activities and in many cases go outside and view the period of totality ("Solar Eclipse Viewing"). Educators will be providing additional details regarding viewing location for their particular class as the event approaches.

As always, student safety is our top concern and priority. 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 directly at the sun. Washington County Public Schools will obtain and provide students and participants who participate in 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 his/her eclipse glasses, so please speak with your child about the importance of keeping the eclipse glasses on at all times during this event.**

* If you want your child to participate in outdoor viewing activities planned on August 21 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 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 School District, its agents, employees, Board of Education members, insurers, and others acting on the School District's behalf (collectively, "Releasees"), of and from any and all claims, demands, causes of action and/or legal liabilities for eye injury, property damage, injuries to or death of me/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 Releasees.**

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's Signature *if 18 years or older