



Solar Eclipse Opt/In Form and Release of Liability 2017/2018 School Year

WRITTEN PERMISSION IS REQUIRED FOR STUDENTS TO PARTICIPATE

Please **return this form** to your child's school, to grant permission for your child/student to go outside to view the Solar Eclipse on August 21, 2017, with the use of proper eye protection. **Please Note:** The District will provide all students with CE certified and ISO 12312-2 compliant solar filters or safety glasses.

On Monday, August 21, 2017, a solar eclipse will be visible (weather permitting) across all of North America. DeKalb County School District's Science Instructors will engage the students in the investigation of the solar eclipse phenomena. These activities may include instructional lessons within all content areas, televised viewing of the eclipse, and actual viewing of the eclipse with the use of special purpose filters known as "eclipse glasses".

This permission form is used to inform and to gain signed permission for your child/student to opt-in to the outside viewing of the 2017 Solar Eclipse.

- Please check the **Yes (Opt-In)** box, if you do grant permission for your child/student to participate in the outside activities.
- Please check the **No** box, if you do not grant permission for your child to participate in the outside activities.
- A parent/guardian must also sign below and return to the classroom/science instructor. If you have any questions about the 2017 Solar Eclipse lesson(s), please contact your child's Science Instructor.
- **Should the District not receive this signed form, your child/student will not be allowed to participate in the outside viewing of the solar eclipse.**

Based on information provided by the school district in its parent letter, I understand the potential for damage to the eye if my child looks directly at the sun during this time without wearing the solar filters or safety glasses provided by the district. By signing below the parent/guardian understands the nature of this activity described and the risk associated with the activity. I agree not to hold the district liable in the event my student makes the decision NOT to wear the safety eye protection that is provided.

By signing this permission form, I agree to release DeKalb County School District, its schools, its school board, its employees and agents (the "Released Parties") from, and agree not to sue the Released Parties for, any and all claims, of any nature related in any manner to my child's participation in the outdoor viewing activities associated with the August 21, 2017 solar eclipse.

Activity	Schedule Period	Yes (Opt-In)	No
2017 Solar Eclipse Viewing	August 21, 2017		

Yes, I parent/guardian of: _____, hereby give consent for my child to participate in outdoor Solar Eclipse Viewing activities and agree to speak with my child about the importance of keeping their eclipse glasses on at all times during this event.

No, I parent/guardian of: _____, do **Not** consent for my child to participate in outdoor Solar Eclipse Viewing activities.

School: _____ Science Instructor: _____

*Parent/Guardian Signature(s): _____ Date: _____

By signing this form, the parent/guardian acknowledges that they have read the **Solar Eclipse Opt In-Form/Release of Liability form and fully understand its contents and the consequences of signing this form.*

DeKalb County School District does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, disability, age, genetic information, citizenship status, or economic status in its programs, activities, or employment and provides equal access to designated school groups. The following individual has been designated to address inquiries regarding the non-discrimination policies: Chief Legal Officer, 1701 Mountain Industrial Boulevard, Stone Mountain, GA 30083.