

2017 ECLIPSE VIEWING

Name(s) of Student: _____

I understand that students in the District will participate in viewing of the solar eclipse on August 21, 2017 and that protective eyewear will be available.

There are risks inherent in viewing a total solar eclipse. NASA has provided the following information:

Solar retinopathy is a result of too much ultraviolet light flooding the retina. In extreme cases this can cause blindness, but is so painful that it is rare for someone to be able to stare at the sun for that long. Typically, eye damage from staring at the sun results in blurred vision, dark or yellow spots, pain in bright light or loss of vision in the center of the eye (the fovea). Permanent damage to the retina has been shown to occur in ~100 seconds, but the exact time before damage occurs will vary with the intensity of the sun on a particular day and with how much the viewer's pupil is dilated from decongestants and other drugs they may be taking. Even when 99% of the Sun's surface (the photosphere) is obscured during the partial phases of a solar eclipse, the remaining crescent Sun is still intense enough to cause a retinal burn. Note, there are no pain receptors in the retina so your retina can be damaged even before you realize it, and by then it is too late to save your vision! <https://eclipse2017.nasa.gov/faq>

Check one of the following:

_____ I request that the named Student(s) **NOT** participate in viewing the eclipse on August 21, 2017.

_____ I request that the named Student(s) **DO** participate in viewing the eclipse on August 21, 2017. In full awareness of the risks of viewing the eclipse, I hereby request that Student(s) named above be allowed to participate in viewing the total solar eclipse and give my consent for Student(s) to do so. I am also aware that Student(s) will not be allowed to participate in this activity without any protective eye wear. In consideration of the District's allowing Student(s) to participate in viewing the total solar eclipse, I accept responsibility for any loss, damage, or injury to Student(s) that occurs during or in connection with the participation in viewing the total solar eclipse and release and agree to indemnify and hold the District, its Board of Education, the members of the Board of Education, and the employees and agents of the District harmless from any injury or damages which may be caused to Student or others in connection with Student's participation in viewing the solar eclipse on August 21, 2017.

Name of Parent or Guardian

Signature of Parent or Guardian

Date