



On August 21, 2017, all of North America will be treated to an eclipse of the sun. This means that Earth, the sun, and the moon— which all orbit in space in predictable paths— will align. The moon will move between the sun and Earth, blocking the light of the sun. Thus, the moon will cast a shadow on Earth. Here in Cobb, we will experience a near-total eclipse between 2:35 and 2:40 p.m. that will last approximately two minutes. This alignment of the sun, the moon, and Earth will mark the first time this phenomenon has occurred coast-to-coast in our country in nearly 100 years.

The Cobb County School District is planning to make this day a special educational event for our students by organizing a safe and engaging viewing experience. Instructional activities may include viewing the solar eclipse using solar shades, learning how to safely view it using a reflective surface, watching the eclipse via live-streaming on the web, and much more. Safety is always a top priority, and we will take all precautionary measures to make this exciting experience both safe and enjoyable.

While schools plan to provide an opportunity for a safe, educational experience, we understand that some parents may not want their children to participate in a live viewing of the eclipse.

***In order for your student to participate in an outdoor viewing of the solar eclipse, please sign the permission form located on the back of this notice and have your student return it to his or her teacher by Friday, August 18, 2017.***

***Students who do not return this form signed by a parent/guardian will complete an alternate activity from inside the school building during the eclipse.***

# PERMISSION TO PARTICIPATE IN ON-CAMPUS SOLAR ECLIPSE VIEWING

## Release

The District does have an indemnity plan that may or may not apply relative to the activity. Even if the plan covers some or all of the activity, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (**Parent/Guardian Name-PLEASE PRINT**): \_\_\_\_\_  
acknowledge that participation in the activity described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (**Student's Name-PLEASE PRINT**): \_\_\_\_\_ (Student) be allowed to participate in the activity described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the activity, I consent to the activity supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I acknowledge that solar eclipse viewing glasses will be provided to Student, but that Student is responsible for wearing the eyewear as instructed.

I acknowledge that Student will be outside and exposed to bright sunlight for a significant period of time in order to view the eclipse, and that prolonged sun exposure can potentially be dangerous.

I acknowledge that, other than the solar eclipse viewing glasses, the Cobb County School District (District) will not provide any kind of sun protection, and that Student is responsible for taking necessary precautions against sun exposure.

I agree to release, indemnify, and hold harmless or reimburse the District, its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult activity supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named Student, the Student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the Student's participation in the activity, including but not limited to any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by Student if the Student is 18 years of age or older.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**