

**Parent Permission and Waiver for Students to View
2017 Great American Eclipse**

On Monday, August 21, 2017, our school will be in the path of a near total solar eclipse. This event is being called “The Great American Eclipse” because it is the first time since 1918 a solar eclipse will be visible on a path across the entire continental United States.

Safety is a priority! St. Rita will take precautionary measures with both students and staff to make this experience both safe and enjoyable. Homemade filters or ordinary sunglasses, even very dark ones, are NOT safe for looking at the sun! Students will not be permitted to look at the uneclipsed or partially eclipsed sun through cameras (including cell phones), telescopes, binoculars or other optical devices, with or without glasses. For more information regarding the safety certification of special viewing glasses, please visit www.eclipseglasses.com/pages/safety .

A parent/guardian signature on this sheet is **required by Monday, August 21, 2017** in order for students to participate using eclipse glasses. Students whose parents do not complete this form will not have the opportunity to participate.

Parents/guardians should fill out one form for each child and return it to their homeroom teacher **no later than start of day on Monday, August 21, 2017.**

I/we understand that during my child’s participation in viewing the eclipse, he/she may be exposed to risk or possible injury. I/we understand that I/we assume the risk for any injuries or damages resulting from my child’s participation in this activity. I/we agree to advise my child to comply with the instructions and directions of the district’s agents, volunteers and/or employees as participants in this activity.

I/we, in return for my child’s opportunity to participate in viewing the eclipse do hereby exempt and release St. Rita Catholic School, the Diocese of Dallas, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the activity, whether or not such damage, loss or injury results from the acts or omissions of the Diocese , its directors, officers, employees, volunteers or agents.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS PERMISSION, WAIVER AND RELEASE FORM AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON Behalf of myself and/or my child/ward to bring legal action or assert claim for injury or loss of any kind against the school.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, CONSIDER ITS EFFECTS, UNDERSTAND THIS ENTIRE DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS.

STUDENT NAME: _____

STUDENT’S HOMEROOM TEACHER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____