

PLACE ON SCHOOL/SCHOOL SYSTEM LETTERHEAD

(Date)

TO: The parents of children registered in the (School) or (School System)

On August 21, 2017 the moon will pass between the earth and the sun for the first coast-to-coast total solar eclipse since 1918. Millions of Americans in 12 states will be able to watch this solar spectacle that will turn day into night for a couple of minutes. Tennessee is among the 12 states that have been declared to be a best place to experience this rare phenomenon.

The __ (name of school/system) __ is planning now for its students participate in the event. Curriculum and lectures concerning the scientific relevance of the occurrence have been prepared and the students will be asked to participate in a safe viewing experience of the event. The __ (school/system) __ has purchased (or will supply) _____ to allow the students participate safely. Additionally, the curriculum has been designed to include instructions on methods of safe viewing of an eclipse complete with warnings regarding attempts to watch this event without protecting one's eyes.

The __ (school/system) __ will exercise care and careful supervision for all students who participate in this event. However, to be sure that parents are well-informed regarding the activities, we ask that you sign the attached release. The release contains two provisions: (1) a general release for student participation; and (2) a release of liability covering the school system.

If you have questions concerning this correspondence, please do not hesitate to contact _____.

Very truly yours,

RELEASE FOR PARTICIPATION IN SOLAR ECLIPSE ACTIVITIES

I/WE, as parent, guardian, or legal custodian of (name of student) _____ give permission for the above named student to participate in school activities related to viewing the solar eclipse on August 21, 2017.

I/We understand that the (school/system) will provide curriculum and instruction relative to the scientific relevance of a solar eclipse that includes safety warnings concerning proper methods of watching a solar eclipse. I/WE also understand that the (school/school system) will provide approved equipment or methods of watching the eclipse. I/WE further understand that the school system will provide proper supervision for the students who participate. Finally, I/We understand that there is risk associated with this activity if proper procedures for viewing a solar eclipse are not strictly followed.

Knowing the above, I/WE release (name of student) _____ to participate in the events activities associated with observing the solar eclipse on August 21, 2107 and agree that the (school/school system) will not be held liable for any injury that may occur as a result of event participation.

This release should be returned back to the school by (date).

Parent Signature

Parent Name Printed

Date