

Solar Eclipse Viewing Permission Slip

On August 21, 2017, Wisconsin will experience a partial solar eclipse. This event is being called "The Great American Solar Eclipse," because it is the first time since 1918 a solar eclipse will be visible on a path across the entire continental United States. Abbotsford Public Library is planning a viewing opportunity to allow students to experience event. The library has purchased eclipse-safe viewing glasses for patrons. Safety is always a top priority. We will take all precautionary measures 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. Children will not be permitted to look at the uneclipsed or partially eclipsed sun through unfiltered cameras, telescopes, binoculars, or other optical devices, with or without glasses. (For more information on viewing the eclipse safely to prevent eye damage, please visit <http://eclipse.semo.edu/safety>.) Because of these safety concerns, a parent or guardian signature on this sheet is required in order for youth to participate in the event using the eclipse glasses. Youth whose parents do not complete this form will not be able to view the event using eclipse glasses.

Child's Name: _____

Age: _____ Date of Birth: _____

Address: _____

_____, I/We, parent(s)/guardian(s) of _____, hereby give consent for my/our son/daughter to participate in this library activity to view "The Great American Solar Eclipse" on August 21, 2017 at the Abbotsford Public Library using eclipse-safe viewing glasses. I/We have been informed viewing the eclipse involves risk, which could result in injury to the eyes, if eclipse safe viewing glasses are not worn properly. I/We hereby release the Abbotsford Public Library as well as any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our son/daughter as a result of this library activity. I/We hereby grant the Abbotsford Public Library the absolute right and permission to copyright and use, re-use and distribute visual and aural representations of my child in photography, video, and other related media formats and waive any right to inspect or approve the finished product(s).

Parents Signature: _____ Date: _____