

**PARTICIPANT RELEASE, WAIVER AND ASSUMPTION OF RISK**  
**Total Solar Eclipse August 21, 2017 (the ‘Activity’)**

On August 21, 2017, Bond County Community Unit School District No. 2 will be in the path of near totality for the solar eclipse. The 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. Bond County Community Unit School District No. 2 is planning to provide a viewing opportunity. We have acquired eclipse safe viewing glasses for students, faculty, and staff.

**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. Students will not be permitted to look at the uneclipsed or partially eclipsed sun through unfiltered cameras, telescopes, binoculars, or other optical devices, or without glasses. (For more information on viewing the eclipse safely to prevent eye damage, please visit the NASA website <https://eclipse2017.nasa.gov/> or the Eclipse 2017 site <http://www.eclipse2017.org/> )

Because of the safety concerns, a parent or guardian signature on this sheet is required in order for students to participate in the event using the eclipse glasses. Students whose parents do not complete this form will not be permitted to view the eclipse at school.

**PARENT/ GUARDIAN CONSENT AND RELEASE AND WAIVER OF LIABILITY**

Student Name: \_\_\_\_\_

I/We, Parent(s)/Guardian(s) of \_\_\_\_\_, hereby give consent for my/our son/daughter to participate in the school Activity to view “The Great American Solar Eclipse” on August 21, 2017 at Bond County Community Unit School District No. 2 using the eclipse-safe viewing glasses. My/our son/daughter will abide by Bond County Community Unit School District No. 2’s Student Code of Conduct, all school’s rules and regulations as well as guidelines set up by the teachers, including but not limited to the student’s obligation to wear the eclipse-safe viewing glasses at all times during the solar eclipse and/or as directed by District employees. I/We have been informed, understand and acknowledge that our/my child may be a risk of serious injury or harm and that viewing the eclipse involves significant risks of bodily harm and injury, including but not limited to serious and/or irreparable damage to the eye and vision, pain and suffering and other possible physical or psychological damages if eclipse-safe viewing glasses are not worn properly or not worn during the viewing of the eclipse.

In consideration of the risk of injury while participating in Total Solar Eclipse (the "Activity"), and as consideration for my child’s right to participate in the Activity, I/we hereby, for my child, myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights,

claims or causes of action of any kind whatsoever arising out of my child's participation in the Activity, and do hereby release and forever discharge Bond County Community Unit School District No. 2, their affiliates, managers, employees, board members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, in both their official and individual capacities, for any physical or psychological injury, including but not limited to eye injury or damage, illness, pain and suffering, damages, economical or emotional loss, that my child may suffer as a direct result of his/her participation in the aforementioned Activity.

I/We acknowledge that Bond County Community Unit School District No. 2 and their directors, officers, employees, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Bond County Community Unit School District No. 2.

I/We agree and understand that this Release is intended to be broad and inclusive as permitted by the State of Illinois and that this Release shall cover a waiver of any claim related to negligence or willful and wanton conduct and shall be governed and interpreted in accordance with the laws of the State of Illinois.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE BOND COUNTY COMMUNITY UNIT SCHOOL DISTRICT NO. 2 AND ALL OF ITS AFFILIATES, MANAGERS, BOARD MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST BOND COUNTY COMMUNITY UNIT SCHOOL DISTRICT NO. 2 FOR PERSONAL INJURY. I/WE UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

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Parent/ Guardian Signature

Date

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Student Name