

Consent to Participate in Viewing the Solar Eclipse/Activities Associated with the Solar Eclipse and Release and Waiver of Liability

I, _____ (name of parent or legal guardian), the

[check one] parent legal guardian of _____

(name of student) give my consent for my child to participate in Viewing the Solar Eclipse and Activities Associated with the Solar Eclipse on Monday, April 8, 2024.

Parent/Guardian does hereby release and forever discharge and hold harmless Lake Ridge New Tech Schools from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from student's participation in watching the solar eclipse and any activities associated with the solar eclipse.

Parent/Guardian understands that this Consent to View the Solar Eclipse and Activities Associated with the Solar Eclipse and Release and Waiver of Liability discharges Lake Ridge New Tech Schools from any liability or claim that Student (or Parent/Guardian) may have against Lake Ridge New Tech Schools with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Student's viewing the eclipse, whether caused by the negligence of Lake Ridge New Tech Schools or its officers, directors, employees, or agents or otherwise.

Parent/Guardian also understands that Lake Ridge New Tech Schools does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

Parent/Guardian does hereby release and forever discharge Lake Ridge New Tech Schools from any claim whatsoever which arises or may hereafter arise on account of first aid, treatment, or services rendered in connection with Student viewing the solar eclipse and activities related to viewing the solar eclipse.

I, Parent/Guardian hereby expressly and specifically assume the risk of injury or harm related to Student's watching the solar eclipse and participating in activities associated with the solar eclipse and release Lake Ridge New Tech Schools from all liability for injury, illness, death, or property damage resulting from the Student's watching and participation.

I have read and understand the foregoing Consent to View the Solar Eclipse and Activities Associated with the Solar Eclipse Release and Waiver of Liability. I further give my legal consent and authorize any representative of Lake Ridge New Tech Schools to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the activity.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child. I acknowledge and agree that Lake Ridge New Tech Schools is not responsible for any medical or hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work and home phone numbers to the school.

This form must be signed and returned to the school no later than **Friday, April 5** if the student named above is to participate in viewing the solar eclipse and activities related to viewing the solar eclipse.

Signed: _____ Date: _____
Parent or Legal Guardian

Consentimiento para Participar en la Observación del Eclipse Solar/Actividades Asociadas con el Eclipse Solar y Liberación y Renuncia de Responsabilidad

Yo, _____ (nombre del padre o tutor legal), el [marque uno] ___ padre ___ tutor legal de _____ (nombre del estudiante), doy mi consentimiento para que mi hijo/a participe en la Observación del Eclipse Solar y Actividades Asociadas con el Eclipse Solar el lunes, 8 de abril de 2024.

El padre/tutor legal por la presente libera y descarga para siempre de toda responsabilidad a las Escuelas Lake Ridge New Tech por cualquier reclamo y demanda de cualquier tipo o naturaleza, ya sea en derecho o en equidad, que surjan o puedan surgir en el futuro de la participación del estudiante en la observación del eclipse solar y cualquier actividad asociada con el eclipse solar.

El padre/tutor legal comprende que este Consentimiento para Ver el Eclipse Solar y Actividades Asociadas con el Eclipse Solar y Liberación y Renuncia de Responsabilidad libera a las Escuelas Lake Ridge New Tech de cualquier responsabilidad o reclamo que el Estudiante (o el Padre/Tutor Legal) pueda tener contra las Escuelas Lake Ridge New Tech con respecto a cualquier lesión corporal, lesión personal, enfermedad, muerte o daño a la propiedad que pueda resultar de la visualización del eclipse por parte del Estudiante, ya sea causado por negligencia de las Escuelas Lake Ridge New Tech o sus funcionarios, directores, empleados, o agentes o de otra manera.

El padre/tutor legal también comprende que las Escuelas Lake Ridge New Tech no asumen ninguna responsabilidad u obligación de proporcionar asistencia financiera u otra asistencia, incluyendo pero no limitado a seguro médico, de salud o de discapacidad en caso de lesión o enfermedad.

El padre/tutor legal por la presente libera y descarga para siempre a las Escuelas Lake Ridge New Tech de cualquier reclamo que surja o pueda surgir en el futuro debido a primeros auxilios, tratamiento o servicios prestados en conexión con la visualización del eclipse solar y actividades relacionadas con la visualización del eclipse solar.

Yo, Padre/Tutor Legal, por la presente asumo expresamente y específicamente el riesgo de lesiones o daños relacionados con la visualización del eclipse solar por parte del Estudiante y la participación en actividades asociadas con el eclipse solar y libero a las Escuelas Lake Ridge New Tech de toda responsabilidad por lesiones.

Por favor, tenga en cuenta que este formulario debe ser firmado y devuelto a la escuela a más tardar el viernes 5 de abril, si el estudiante mencionado arriba va a participar en la observación del eclipse solar y actividades relacionadas con la misma

Firmado: _____ Fecha: _____

Padre o Tutor Legal