



ECLIPSE VIEWING EVENT

April 8th, 2024

PARTICIPANT RELEASE, WAIVER AND ASSUMPTION OF RISK

Partial Solar Eclipse Party April 8, 2024 (the 'Activity')

On April 8, 2024, College of The Albemarle will be able to view the partial solar eclipse. The event is being called "The Partial Solar Eclipse Party". This event will be held from 2-4:30 pm at a designated location at each COA campus location. These indicated locations are the only allowed viewing sites on campus. COA - Elizabeth City Partial Solar Eclipse viewing location will be held in green space between the C building and the Dolphin's Den. COA - Dare Partial Solar Eclipse viewing location will be held in the amphitheater space. COA - Currituck Partial Solar Eclipse viewing location will be in the green space beside the Regional Aviation Training Center. COA - Edenton-Chowan Partial Solar Eclipse viewing location will be the front green space beside building B & C. College of The Albemarle is planning to provide a viewing opportunity along with interactive educational sessions on Solar Eclipses. COA has acquired eclipse-safe viewing glasses and sunscreen for students, faculty, staff, and community participants and will provide training on correct use.

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. Participants will not be permitted to look at the 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://solarsystem.nasa.gov/eclipses/2024/apr-8-total/safety/>.)

Because of safety concerns, each participant aged 18 and above must sign a waiver, and participants under 18 must have a parent or guardian's signature to participate in the event using the eclipse glasses. Participants without completed waiver forms will not be permitted to view the eclipse on campus.

CONSENT AND RELEASE AND WAIVER OF LIABILITY

Name of Participant: _____

I (or my parent(s)/Guardian(s)) hereby give consent for myself / my/our son/daughter to participate in the college activity to view the solar eclipse on April 8, 2024 at College of The Albemarle using the eclipse-safe viewing glasses. I / My/our son/daughter will abide by all College of The Albemarle's college rules and regulations as well as guidelines set up by the event organizers, including but not limited to the participant's obligation to wear the eclipse-safe viewing glasses at all times during the solar eclipse and/or as directed by college employees. I/We have been informed, understand and acknowledge that I/our/my child may be at 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(s) and vision, pain and suffering, and other possible physical or psychological damages if eclipse-safe viewing glasses are not worn properly or not worn at all during the viewing of the eclipse.

In consideration of the risk of injury while participating in the Partial Solar Eclipse Party (the "Activity"), and as consideration for I/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/my child's participation in the Activity, and do hereby release and forever discharge College of The Albemarle, College of The Albemarle Board of Trustees, 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 I/my child may suffer as a direct result of my/his/her participation in the aforementioned Activity. I/We acknowledge that College of The Albemarle 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 College of The Albemarle

I/We agree and understand that this Release is intended to be broad and inclusive as permitted by the State of North Carolina 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 North Carolina.

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 COLLEGE OF THE ALBEMARLE, 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 COLLEGE OF THE ALBEMARLE 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.

Participant Name

Participant Signature & Date

Parent/ Guardian of Participant Signature & Date (if the participant is a minor)