



HeART of Hope, LLC. Music Services

PERMISSIONS

Student Name: _____

Parent Name: _____

Please acknowledge permission by initialing the following:

_____ I give my permission for the teachers at HeART of Hope to provide music educational services to **myself/my child** (circle one).

_____ I give permission for HeART of Hope to use MyMusicStaff.com for scheduling, reminders, invoices, and/or payments.

_____ I give permission for HeART of Hope to conduct music services with **myself/my child** (circle one) (lessons, sessions, or groups) through online video calls using Zoom, Skype, and/or FaceTime.

_____ I give/do not give (circle one) my permission for the staff at HeART of Hope, LLC to use photographs and videos of **myself/my child** (circle one) on the website and/or social platform promotional materials (Instagram and Facebook). (Proofs will be presented to parent(s) before printing or distribution).

Parent/Client Signature: _____

Date: _____

Signature of Instructor: _____

Date: _____