

## **PERMISSION TO VIDEO LESSON**

School Location: \_\_\_\_\_ Lesson Date: \_\_\_\_\_ Course: \_\_\_\_\_

I acknowledge that I have been advised of and agree to my child's Yamaha music lesson being video taped.  I understand that this video tape is to be used within Yamaha Music Education Centre for teacher training purposes only.  Student's Name (please print)    Parent's Name (please print)   Parent's Signature   Office Use Only	Time:	Teacher:			
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			Parent's Signature	Office Use Only	

Teachers – please return completed form to Administration Centre before the date of the lesson to be videoed.