Parent Waiver Form

Parent Waiver - Private Lessons

This form is only required for parents who are not going to remain in the studio or just outside the studio door during the minor’s lesson.

As the parent/guardian of ______________________________________ (name of student), a minor receiving individualized music instruction at the University of Iowa School of Music, I understand that my child may be in a room alone with an adult instructor.

The University has conducted background checks for all of its instructors, and diligently sought to minimize the instances of unsupervised contact in accordance with its policies. However, the nature of individualized music lessons is such that one-to-one sessions may be unavoidable.

By signing below, I hereby acknowledge my awareness and understanding that my child may be alone with an adult instructor, and give my consent.

____________________________________
Parent/guardian printed name

____________________________________      __________
Parent/guardian signature                                   Date

Name of teacher _________________________________________