



Immanuel Valpo Musikgarten

INFORMED CONSENT WAIVER

My child(ren) _____
has permission to participate in the classes offered at **Immanuel Valpo Musikgarten**. I understand that the church, staff, and class instructor are in no way responsible for any accident or injury which may befall my child or family while we are on the church property. *I understand that either my specified caregiver _____ or I must be present for the entire length of each class and must supervise my child at all times.* Furthermore, should my child require medical attention, I give my permission for my child to be treated by a competent physician if I cannot be reached. I have received a current copy of **Immanuel Valpo Musikgarten Policies** and have read, understand, and agree to the policies as stated.

I give my permission for photographs of my child to be used in promotional materials (website or hard copy.)

___ **YES**
___ **NO**

Name _____

Signature _____

Date: _____