

9880 Hickory Flat Highway ~ Woodstock, Georgia 30188 (770) 687-2542 Fax: (770) 783-5049 www.therabeat.com

Virtual Lesson Agreement

Teacher name:		
Student Name:		
Parent/Guardian Name (if applicable	e):	
Address:		
City:	_ZIP:	
Phone:	Cell Phone:	
E-mail:	D.O.B Location: Online	
Photo Release: Yes or No	Location: Online	
Therabeat, Inc. will provide	(name) with virtual lessons through a	an agreed upon
each scheduled session. Please disc virtual lessons to be successful, we re device (or have a way to plug in devi	ie, Google Duo, Zoom, etc.). You will be bille cuss with your teacher how you would like to request that you have access to reliable Will ice quickly), and have a working camera/mittruct you on the best place to setup your de	o setup payment. For Fi, have a charged crophone on your
Check the items below that apply	to you:	
Instrument choice: piano g	guitar voice ukulele bassoon	
	e (new learner!!) some moderate fore, your teacher will discuss your musical	
Level of Parent/Guardian involven 18):	nent (only applicable to students who are	e under the age of
•	ement with your teacher based on your child	's age/ development:
I will be present with my child du hand placement given by the teache	uring the lesson and able to reinforce direction of the cessary.	ons and help with
	s receiving virtual music lessons, but I do no be in a different rooms and tend to other tas	



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If you need to cancel a music lesson, every effort will be made to reschedule; however, if rescheduling is not possible, **you will still be responsible for the lessons rate.** You will not be responsible for any lesson fee if a cancellation occurs on behalf of the teacher and the teacher is unable to reschedule. Keep in mind that the flexible nature of virtual lessons make rescheduling an easy option for both parties!

I agree that I will be ch	arged \$35 for every sc	neduled 30-minute virtual music lesson.	
Parent/Caregiver/Stud	ent Signature:	Date:	
*If you would like to re-	quest payment type oth	er than credit card, please let your teacher kno	ow
CREDIT CARD PA	AYMENT AUTHORIZATIO	N FORM	
Ι,	authorize Therabeat, Inc. to	charge the following credit card:	
Card type	card holder's n	ime	
Card number Please indicate any special ins	3-digit security code structions.	exp date	
Signature		date	