



Mental Health Association
of Erie County, Inc.



Family Voices Network
of Erie County

Parent/Guardian Waiver & Release Form *(for Minor Youth Participation)*

I, _____ on behalf of myself and the minor
(parent/guardian name)
child/children _____ in my care and
(name of child/children)
custody, do hereby release the Mental Health Association of Erie County, Inc. (MHA), and
Family Voices Network of Erie County (FVN) and any of its officers, employees, agents or
assignees, from any and all liability arising out of their participation in the Child & Family
Support Program, Peer-to-Peer Support Group and/or Youth Empowerment Advocacy group.

This agreement is effective for 1-year from the date I, the parent/guardian sign and
submit this form. My child/children agree to abide by the rules and regulation of your
agencies.

Effective Date:	
Parent/Guardian Name (please print)	
Parent/Guardian Signature	
Child's name (please print)-Age: ____	
Child's name (please print)-Age: ____	

