Leave Unsupervised Authorization¹

Child's Name:	(my "Child")
Diocese Location, City:	(the "Diocese Location")
Activity:	(the "Activity")
Period(s) of Authorization ² :	(the "Authorization Period")
I hereby allow my Child to leave unsupervised Activity, whenever it may occur, throughout the A	
I understand and accept the risks and hazards fully assume all such risks and hazards including with inclement weather, automobile traffic, and the	but not limited to risks and hazards associated
I further understand that any changes to this acknowledged by the Diocese Location.	Authorization must be made in writing and
Therefore, in recognition of these understanding spouse, and legal representatives, hereby relea Diocese Location, the Roman Catholic Bishop respective affiliates, successors or assigns, and volunteers, agents, contractors, and representating injury, illness, or death of my Child or loss of or resulting, directly or indirectly, from this Authorization.	se, waive, discharge, and agree not to sue the of Manchester, a Corporation Sole, and their their respective directors, officers, employees, ives from any and all negligence and liability for damage to property in the custody of my Child
Parent/Guardian Signature:	Date:
Parent/Guardian's Name:	
Diocese Location Acknowledgement	
Authorized Person's Signature:	Date:
Authorized Person's Name:	

¹ This Authorization is required in order to allow a child grade 1-6 to leave unsupervised from after a Diocese Location activity. ² The authorized period includes the first and last dates of all periods shown.