

SPECIAL POWER OF ATTORNEY DELEGATING POWERS OF PARENT OR LEGAL GUARDIAN

Effective Date

County and State

PARENT OR LEGAL GUARDIAN
(Name, Address, Zip Code and Phone Number)

PARENTAL ATTORNEY-IN-FACT
(Name, Address, Zip Code and Phone Number)

Name of Minor or Incapacitated Person

Minor or Incapacitated Person's Date of Birth

I. Delegation of Parental Powers. Pursuant to ARS 14-5104, Parents or Legal Guardians delegate to the Parental Attorney-in-Fact all powers they may have regarding care, custody or property of the Minor or Incapacitated Person, except power to consent to marriage or adoption of the Minor.

II. Warrant of Authority. Parents or Legal Guardians warrant to the Parental Attorney-in-Fact that as of the execution of this document their parental or guardian's authority has not been nor is currently subject to judicial restriction or termination of any kind and that the Parents or Legal Guardians have complete authority to delegate these powers.

III. Assumption of Risk. Parents or Legal Guardians assume the risk and exonerate the Parental Attorney-in-Fact from liability for any accident, injury or sickness affecting the Minor or Incapacitated Person during the grant of this authority, except to the extent that such accident, injury or sickness has resulted from the negligence of the Parental Attorney-in-Fact.

IV. Termination. Unless revoked sooner, the authority granted in this instrument shall terminate on this date: _____, 20____

V. Special Instructions to Parental Attorney - in - Fact. (use reverse side if necessary)

I, _____, the principal, sign my name to this power of attorney this _____ day of _____ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Principal-Parent or Legal Guardian

Principal-Parent or Legal Guardian

I, _____, the witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Witness

State of Arizona

County of _____

Subscribed, sworn to and acknowledged before me by _____, the principal,
and subscribed and sworn to before me by _____, witness, this _____ day
of _____.

Notary Public

SEAL