

**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)

Signature of Parent or Legal Guardian

Signature of Parental Attorney-in-Fact

Signature of Parent or Legal Guardian

Signature of Parental Attorney-in-Fact

SUBSCRIBED AND SWORN BEFORE ME THIS DATE:

Notary Public _____ (seal)