

**SPECIAL POWER OF ATTORNEY AND HOLD HARMLESS AGREEMENT  
SOCIAL AND ATHLETIC EVENTS**

KNOWN ALL MEN BY THESE PRESENTS, that I (state full name as applicable)

Being the parent/guardian of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(child's name) (child's birth date)

and desiring to execute SPECIAL POWER OF ATTORNEY, have make, constituted and appointed, and by these presents do make, constitute and appoint AZALEA YOUTH SOCCER LEAGUE, INC., my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto my said attorney full power to:

1. MEDICAL AND HOSPITAL CARE FOR CHILD. Authorize and execute consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well-being of my above name child.
2. TRAVEL. To do all acts necessary or convenient for providing transportation to or from or in connection with my athletic or social event.
3. SOCIAL AND ATHLETIC FUNCTIONS. To do all acts necessary for providing social and/or athletic functions for my child and in arranging for my child's attendance and car at any such functions.
4. FURTHER AUTHORIZATIONS. Further, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns.
5. HOLD HARMLESS AGREEMENT. Further, in consideration for the performance of any or all of the functions authorized in paragraphs 1 through 4 above, and as an inducement to my Attorney-in-Fact to perform such functions in my behalf and for the benefit of the my child, I hereby agree to assume the risk of and hold harmless and release my Attorney-in-Fact and Florida Youth Soccer Association from any liability for negligence in the performance of said functions. However, this shall not apply to willful or wanton misconduct affecting my child.
6. PERIOD OF VALIDITY. This Special Power of Attorney and Hold Harmless Agreement shall be effective and apply to the following period: from June 18, 2009 through June 17, 2010.

IN WITNESS WHEREOF, I have hereunto set my hand. \_\_\_\_\_  
(parent/guardian signature)

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ / \_\_\_\_\_ /09 by \_\_\_\_\_ who is personally know to me or has produced a driver's license or \_\_\_\_\_ as identification.

Seal, name of Notary typed, printed or stamped.

\_\_\_\_\_  
Notary Public