

**LIMITED POWER OF ATTORNEY**

I, \_\_\_\_\_ ("Principal"), of \_\_\_\_\_ County, Florida, do hereby make, constitute and appoint \_\_\_\_\_ ("Attorney-in-fact"), my true and lawful attorney for me and in my name and on my behalf to do and perform the following, with the same powers and to the same effect as I might do if personally present.

1. To seek any medical attention and make any medical decisions that I may make if personally present for my child/children, as may be named below:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

2. To execute any documents necessary in order for the above named child/children to gain access to River Ranch Acres, including, but not limited to waivers, releases, hold harmless agreements, indemnification agreements, and agreements which consent to the child's/childrens' medical treatment. I understand that these documents may give up important legal rights that I or my child/children may have in case of a loss, accident, injury, or death.

I hereby ratify and confirm all that my said attorney shall lawfully do or cause to be done by virtue hereof.

My attorney-in-fact is not liable for any costs or decisions made by him/her in good faith and under the terms of this Limited Power of Attorney.

It is my intention that the specific powers contained in this Limited Power of Attorney are not to be construed as in any way constituting a limitation upon the general powers herein contained or which should have been granted in order to carry out the purposes herein expressed.

This Limited Power of Attorney made by the principal to the attorney-in-fact shall not be affected by the subsequent incapacity of the principal, except as provided in Section 709.08, Florida Statutes.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal at \_\_\_\_\_ [city], Florida, on this \_\_\_\_\_ [date].

Signed, sealed and delivered  
in the presence of:

**"Principal"**

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Print:

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced a Drivers License as identification.

Notary Public: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_