

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

KNOW ALL MEN BY THESE PRESENT, that I

(print **parent** full name) _____, being the **parent of**
(print **child** full name and date of birth) _____,
and desiring to execute a SPECIAL POWER OF ATTORNEY, HAVE MADE, constituted and
appointed, and by these presents do make, constitute and appoint (print full name of head coach and team
manager) _____ and _____, my Attorneys-in-Fact to
act as follows: GIVING AND GRANTING unto my said attorneys full power to:

1. **Medical and Hospital Care for Child.** Authorize and execute my 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(s)-in-Fact for the health and well-being of my above named child.
2. **Travel.** To do all necessary or convenient for providing transportation to or from in connection with any athletic event or social event.
3. **Social and Athletic Functions.** To do all acts necessary or convenient for providing social and/or athletic functions for my child and in arranging for my child's attendance and care at such functions.
4. **Further Authorization.** I do authorize my aforesaid Attorney(s)-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(s) shall be binding on myself and my heirs, legal and personal representatives and assigns.
5. **Hold Harmless Agreement.** 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(s)-in-Fact, Gulf Coast United Futbol Club, Inc. and its officers, and the US Club Soccer and Mississippi 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 effect and apply to the following Period: **from August 1, 2018 through August 31, 2019.**

IN WITNESS THEREOF, I have hereunto set my hand and seal this _____ day of _____.

Signature of Parent

**STATE OF MISSISSIPPI
COUNTY OF _____**

Sworn to and subscribed before me this _____ day of _____.

(SEAL)

NOTARY PUBLIC

My Commission Expires: _____

Emergency Telephone No.: _____ **Alternate Tel. No.:** _____
Medical Insurer & Policy #: _____