

NATO MARLINS - MEDICAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, possessing the ID Card Number _____, do hereby appoint ANY MEMBER, IN GOOD STANDING, OF THE NATO MARLINS INTERNATIONAL SWIM TEAM'S COACH STAFF OR EXECUTIVE BOARD, my true and lawful attorney-in-fact to act for me, and do the following in my name and in my behalf:

To approve and authorize any and all medical, dental, and hospital care and/or treatment, either preventive or corrective, including major surgery, deemed necessary by a duly licensed physician or dentist; and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care for the health and well-being of my following named child(ren):

NAME: _____ Date of Birth: _____

NAME: _____ Date of Birth: _____

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on **30 June 2011**.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of _____, witnessing it at my request this date, _____ (date) (print name of witness)

WITNESS' SIGNATURE

GRANTOR'S SIGNATURE
(Parent / Guardian)