

Guam National Olympic Committee

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SPECIAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, a resident of Guam, do hereby appoint _____, and in the event he/she is not available, then in the alternative I appoint _____, residents of Guam, as my true and lawful attorneys-in-fact to do the following in my name and in my behalf:

Take temporary custody of my child(ren) and maintain and care for my child(ren) in my absence for any reason and exercise all legal rights in connection with air travel (to/from) from Guam, including the health, maintenance and care of said child(ren), to the same extent as I could until such time as I can return and resume my normal parental duties. Also, I 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 child(ren) and for legal authority to sign documents on my behalf of my child as needed. This power applies to the following child(ren):

Child's name

Date of Birth

I HEREBY GIVE AND GRANT unto my attorneys full power and authority to act jointly or severally, do and perform every act that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted as fully and effectually as I could do legally if I were present.

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 that 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." This Power of Attorney shall become effective _____ (departure date). Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____ (return date).

IN WITNESS WHEREOF, I sign, seal, declare, publish, make, and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request.

Signature: _____

Print Name: _____

Mailing address: _____

Email address: _____

Phone number: _____

The foregoing instrument was acknowledged before me on the ____ day of _____, 20____.

Notary Public _____