

Instructions

To be used only for minors (17 years or younger) who reside in Washington state.

You **MUST** have completed a Kingdom Waiver of Liability for your child(ren) for the calendar year in which you assign this POA, prior to your child(ren)'s participation in any Amtgard function or activity (any Kingdom or Land sponsored activity, including but not limited to park day, Kingdom Level Event, overnight event, demo, or other).

You may only grant this temporary POA to an adult aged 18 or older.

This document should only be used if your minor child is attending Amtgard without a parent or legal guardian present. The person you grant POA to should know how to reach you in an emergency, and any pertinent information about your child(ren)'s health (allergies, medications, limitations, etc.)

Only the first "Power" is required ("Authority to get and provide all necessary health care" ...) in order for this to be valid for an Amtgard event.

You may choose to have this form notarized or witnessed by two adults (who are not related to you and are not the person you are granting POA to.) Witnesses are easier and have no cost, while a notary will charge you and may be more difficult to locate.

You can take back (*revoke*) the POA at any time before the POA ends (*expires*). You must do this in writing and give a copy of your revocation to anyone who has a copy of the POA.

You must give a fully executed (completed, signed, and witnessed or notarized) copy of this document to the person you are granting POA to. They must have a copy on them while attending Amtgard as POA to your child. You should also keep a copy for yourself.

While only one parent/legal guardian must sign this document, our recommendation is for both to do so, if possible. If there are any court orders in place limiting a parent's right to make this decision, you should consult a lawyer before signing.

Amtgard: The Northern Lights assumes no responsibility or liability for any misrepresentation(s) made by the parent/legal guardian in regards to this matter. You should seek legal advice if you desire prior to completing this form.

RESOURCES

Chapter 11.130 RCW Uniform Guardianship, Conservatorship, and Other Protective Arrangements Act (updated 2020).

For more information: <https://www.washingtonlawhelp.org/resource/power-of-attorney-poa-for-parents#>

Durable Power of Attorney for Parental Powers
Northern Lights – Washington State

I am / We are (parent/legal guardian printed name/s) _____,
age 18 or older, and live in Washington State. I am/We are parent/legal guardian(s) of the following
child(ren):

List each *Child's Name and Date of Birth*

1. _____
2. _____
3. _____
4. _____

AGENT

I / We appoint (*name*) _____ as my/our Agent
for the following time period or dates (not to exceed twelve months). _____

POWERS

I/We give the Agent the following authority and power.

- Authority to get and provide all necessary health care related to emergency medical care and treatment as the result of their attendance and participation in Amtgard. I/We agree to incur all financial liabilities required if care becomes necessary. ***REQUIRED**
- Authority to manage prescribed and over-the-counter medications and to dispense and delegate dispensing. ***OPTIONAL**
- I / We authorize the Agent to transport the child(ren) to/from the Amtgard event site. ***OPTIONAL**

The Durable Power of Attorney is effective for the period identified. Either parent/legal guardian can revoke this POA and end its authorization at any time by giving actual notice of the revocation to the Agent.

Parent/Legal Guardian's Authority - Check One:

- Both parents/legal guardians agree and are signing this Power of Attorney
- I am the child's only legal parent/guardian.
- I have sole decision-making authority from a court-ordered Parenting Plan.
- The other parent/guardian (name) _____ has not signed this POA because:

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Release

I acknowledge I am signing this form voluntarily. By signing this form, I release Amtgard and its members from all liabilities, including any injury to my child(ren) arising from participation in said activities. I agree to indemnify Amtgard: Northern Lights and its members for any liability due to my child(ren)'s participation in said activities.

Signature of Parent/Legal Guardian 1

Date

Signature of Parent/Legal Guardian 2

Date

Choose Notary *or* Witnesses (NOT both)

Notary

State of Washington

County of _____

I certify that I know or have satisfactory evidence that (parent(s) name/s)

is / are the person(s) who appeared before me. Said person(s) acknowledged that they signed this POA and acknowledged it to be a free and voluntary act for the uses and purposes stated in this power of attorney.

Signed before me on (date): _____

Signature of notary

Print name of notary

Notary Public in and for the State of _____

My commission expires: _____

(Print seal above)

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Witnesses We are both age 18 or older and competent to be witnesses. We are **not** related to the parent(s)/legal guardian(s) by blood, marriage, or state registered domestic partnership. We are **not** care providers for the parent(s)/legal guardian(s) (in-home or residential facility).

We each certify that we know or have satisfactory evidence that the above named parent(s)/legal guardian(s) is/are the person(s) who appeared before us. The parent(s)/legal guardian(s) acknowledged that they signed this power of attorney and acknowledged it to be a free and voluntary act for the uses and purposes stated in this power of attorney.

Signed before us on (date): _____

Signature of Witness 1

Signature of Witness 2

Print name of Witness 1

Print name of Witness 2

Agent Acknowledgement

I acknowledge receipt of the Power of Attorney and consent to the terms and placement of the child(ren) in my care for the purposes of and duration set forth.

Signature of Agent 1

Date

Signature of Agent 2

Date