



**PLAYERS CLUB OF TAMPA BAY, INC.**

*Home of the Champions*  
**1850 Windingwood Ave.**  
**Brandon, fl. 33511**  
**Phone 813 661 1974**  
[www.playersclubsoccer.com](http://www.playersclubsoccer.com)

**Special Power of attorney and Hold Harmless Agreement for Athletic and Social Events.**

KNOW ALL MEN BY THESE PRESENTS, That I (print full name) -----  
- being the legal guardian of (print name of child) ----- and desiring to  
execute a special power of attorney, have made, constituted, and appointed, and by these presents do make,  
and appoint ----- (coach), and -----  
-(assistant coach my Attorneys-in-Fact to act as follows, GIVING AND GRANTING unto said attorneys  
full power to:

1. Medical and Hospital Care for Child. Authorize and execute my consent for all and any medical and hospital care and treatment, including major surgery, deemed necessary by a fully licensed physician selected by my Attorney-In-Fact for the health and well being of my above named child.
2. Travel. To do all acts necessary and convenient for providing transportation to or from in conjunction with any athletic event or social.
3. Social and Athletic Function. To do all acts necessary and convenient for providing social or athletic functions for my child and arranging for my child’s attendance and care at such function.
4. Further Authorization. FURTHER, I do authorize my aforesaid Attorneys-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 here under by my said attorney(s) shall be binding on my self and my heirs, legal and personal representatives and assigns.
5. Hold Harmless Agreement. FURTHER, 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 Attorneys-In-Fact to perform functions in my behalf and for the benefit of my child, I hereby agree to assume the risk and hold harmless and release my Attorneys-In-Fact, PLAYERS CLUB OF TAMPA BAY, INC., and its officers, HILLBOROUGH COUNTY and its offices from any liability or negligence in the performance of said functions. However, this shall not apply to willful or wanton misconduct affecting my child.

IN WITNESS WHEREOF, I have set my hand and seal this ----- day of -----

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SIGNATURE OF PARENT/GUARDIAN

SUBSCRIBED and sworn before me a NOTARY PUBLIC, This ---- day of -----

NOTARY PUBLIC: -----