

**Limited Power of Attorney
For Recreation Activity Waivers**

I, _____ (please print),

parent/guardian of minor child

_____ (please print)

who lives at

_____ (1st line)

_____ (city, state, zip, country if not US)

hereby appoint the below named staff of MathPath 2020 as my true and lawful attorneys and authorize in my name for any one of them to sign waiver forms, and to be the initial emergency contact, for recreational activities that require an assumption of risk waiver signed by a parent or guardian in order for my above named child to participate in these activities.

- April Verser, Program Director
- Sam Vandervelde, Interim Executive Director
- Matt DeLong, Academic Director
- David Clark, Program Staff

The Power of Attorney in this document is limited solely to signing such recreational activity waivers, and expires on August 1, 2020.

I may further restrict the activities for which these MathPath staff may sign waivers by naming specific activities or classes of activities in the Excluded Activities section below. However, in case of any ambiguity in my restrictions I grant full power to these staff members in their good judgment to interpret whether an activity is acceptable to me, and if this section is left blank, they have full power to sign waivers for any sort of recreational activity they deem safe and appropriate.

(Optional) Excluded Activities: _____

If you need extra space, write & sign an extra sheet; do not make this sheet two-sided.

Parent/Guardian Signature _____

Date _____