



LIMITED GUARDIANSHIP POWER OF ATTORNEY

One (1) Guardian Family Access Card may be issued to a Resident Family, Non-Resident Member Family or Renter Family at any one time. There is a \$20.00 charge for this card. The person being issued this card must be at least eighteen (18) years of age. An executed and notarized Guardianship Power of Attorney Form and Medical Power of Attorney Form for each child under the age of fourteen (14) they will be responsible for is required. This card is good for one (1) year from the date of issuance. The Guardian is not allowed to use the Amenity Facilities unless using them with the child or children assigned to the card. The Guardian is also not allowed to bring guests to the Amenity Facilities at any time.

I, _____, am a resident of the Community Development District currently residing at _____, and state the following as sworn to the authority below.

1. I am a custodial parent to the children listed below, legally empowered to designate limited guardianship rights as outlined herein.
2. By my signature below, I hereby appoint _____, as a limited guardian to the children listed below.
3. As their guardian I hereby grant to the guardian the power and authority to perform all acts necessary to exert management and control over the behavior and well-being of any or all of my children listed below and make any medical decisions that become necessary in the absence of my ability to timely communicate my decisions in such matters at any time when any or all of my children listed below are accessing Amenity Facilities within the Community Development Districts in the company of the designated guardian.
4. I acknowledge that this designation is for the purpose of allowing my minor children to access Amenity Facilities when accompanied by the designated guardian without my



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presence being required and that nothing herein modifies or terminates my parental rights and responsibilities. The power herein granted to the guardian is only effective when my children utilize the Amenity Facilities under the supervision of the designated guardian.

5. The following are my minor children to which this limited guardianship is applicable.

_____	_____
Full Name of Minor Child	Date of Birth
_____	_____
Full Name of Minor Child	Date of Birth
_____	_____
Full Name of Minor Child	Date of Birth
_____	_____
Full Name of Minor Child	Date of Birth
_____	_____
Full Name of Minor Child	Date of Birth
_____	_____
Custodial Parent Signature	Date

[NOTARY ON FOLLOWING PAGE]



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STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____
201__, by _____, who is [] personally known to me or [] has produced
_____ as identification.

NOTARY SEAL

Notary Public

Name: _____

Commission No.: _____

My Commission Expires: _____