

LIMITED POWER OF ATTORNEY

STATE OF _____)
)SS.
COUNTY OF _____)

KNOW ALL MEN BY THESE PRESENTS, We (I) _____
_____ have made, constituted, appointed, and designated by these
presents do make, constitute, appoint and delegate Sara Castellanos, who represents Montaña de
Luz, located in FRANKLIN COUNTY, OHIO and Honduras, our true and lawful attorney for us
in our name, place and stead, to act and exercise all necessary powers to obtain necessary
medical or dental care or treatment, and to make travel decisions related to the service team at
Montaña de Luz for the well-being of our (my) child(ren)
named _____ Date of birth _____ Passport nr. _____
named _____ Date of birth _____ Passport nr. _____
specifically during their trip to Honduras between the dates of _____ and
_____, 20__.

This power of attorney is executed pursuant to all state statutes and shall automatically be
revoked and terminated when my aforementioned child(ren) return to my custody or six months
from the date of execution hereof.

IN WITNESS WHEREOF, We (I) have hereunto set our hand(s) and seal(s) this _____
day of _____, 20__.

Parent/Guardian signature

Parent/Guardian signature

SIGNED AND SEALED IN THE PRESENCE OF:

Witness

Witness

STATE OF _____)
)SS.
COUNTY OF _____)

On this _____ day of _____, 20__ before me , a Notary Public in and for
said County, personally appeared _____
who are know to be the person(s) who executed the foregoing Power of Attorney, who have
acknowledged the same to be their free act and deed.

Notary Public Embossed seal:

My commission expires: _____

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