

POWER OF ATTORNEY

Authorization given by:

_____, as the
Mother/Father/Legal Guardian (“Legal Guardian(s)) of minor
_____ (“Minor”).

Authorization given to: Saved in America, (hereinafter referred to as “SIA” and includes it’s any and all of SIA’s agents.)

Date of authorization: _____ to _____

Authorization to: Locate and assist in the rescue, intervention, placement, and transportation of Minor.

Once Minor is located and in the custody of SIA, Legal Guardian hereby authorizes SIA, on Legal Guardian’s behalf, to interview and thereafter place Minor in the following program _____ or another program that is yet to be determined.

Legal Guardian hereby takes full responsibility both morally, legally, and financially for any and all damages that may occur to Minor or SIA staff member or any outside party where damages or injury occurs.

Legal Guardian acknowledges that Minor maybe an inherent danger to themselves and may exhibit defiant behavior resulting in the need for this intervention.

In the event the Minor is located and found to be injured, Legal Guardian authorizes SIA to seek medical care for Minor. Legal Guardian understands that SIA is not a medical response team, nor do they claim to have any medical training.

Legal Guardian authorizes SIA to restrain the Minor if Minor exhibits physically combative, dangerous, or aggressive behavior.

Legal Guardian understands and acknowledges that SIA is acting as Legal Guardian’s advocate and is not a law enforcement agent, licensed counselor, government employee, social worker, or any other agent/employee of the government. Legal Guardian understands and acknowledges that SIA is a non-profit corporation and does not claim to have any special licensing for the services it is rendering.

In the event Minor exhibits combative and dangerous behavior, Legal Guardian understand that in facilitating the intervention and/or transport of Minor, SIA may contact law enforcement agencies to secure the safety of the Minor and the safety of others, which may result in the physical restraint of the Minor. Accordingly, Legal Guardian hereby grants permission to SIA to request assistance from law enforcement if in SIA’s sole discretion it exercises that option.

Legal Guardian hereby releases and indemnifies SIA from all liability related to the intervention, transportation, and placement of Minor in a program.

Legal Guardian understands and acknowledges that SIA may discontinue services at its sole discretion if SIA determines there is unreasonable risk of danger.

Legal Guardian understands and acknowledges that SIA does not maintain medical or liability insurance for the intervention/transport and placement of Minor accordingly, Legal Guardian hereby releases SIA, its agents, sub agents, board members and any other affiliate from any and all liability in regard to any and all services described or implied in this Power of Attorney.

Legal Guardian hereby assumes all responsibility and liability for Minor takes full financial responsibility for indemnifying SIA for any action taken against SIA, its agents, including but not limited to staff officers of the Corporation and sub-agents of SIA in regard to the care transportation or intervention of Minor.

All parties agreed to mediation in San Diego County, California and if mediation is unsuccessful then all parties agree to binding arbitration in San Diego County, California for the settlement of the dispute.

Legal Guardian agrees to hold harmless SIA if the Minor runs away and is deemed to be missing, or the Minor harms himself/herself in any way or attempts to take his/her own life. Legal Guardian holds SIA harmless for any actions that Minor may take against themselves or anyone else. Legal Guardian hereby takes full responsibility for Minor's conduct, actions, and damages.

Date: _____ Name: _____

Name: _____

I acknowledge and understand that this Power of Attorney was created for the sole purpose of assisting the Legal Guardian in locating, recovering, and facilitating an intervention, placement and transportation of Minor who is deemed to be in a crisis.

Signature: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA:

: ss.

COUNTY OF _____ :

On _____, 202__, before me, _____, a Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ Notary Public