

ASSIGNMENT OF AUTHORITY: LIMITED DURABLE POWER OF ATTORNEY

I, _____, HEREBY STATE AND DECLARE:

1. I reside at: _____
2. My Date of Birth is: _____ / _____ / _____
3. My Passport Number is: _____
4. I have willfully and voluntarily decided to undertake a missions project which includes travel to various continents of the world with FAR REACHING MINISTRIES, INC. on or about _____ to _____
5. I have been well informed that there are many high risks and great dangers associated with this missionary venture but not limited to those listed in the attached RELEASE FROM LIABILITY TO FAR REACHING MINISTRIES INC. (Attached hereto and incorporated by reference). However, I have decided to participate in the project with full knowledge and understanding of the risks and dangers described to me, as well as the understanding that there may be other risks and dangers not presently known or foreseen, which therefore cannot be disclosed to me.
6. I understand that these risks and dangers may include, but are in no way limited to my death, being captured and/or taken hostage, being arrested or detained (lawfully or otherwise) by governmental authorities in any given country, and my disappearance under circumstances where my condition, location and/or fate are simply unknown.
7. In the event that any of these situations mentioned in paragraph 4 herein occur, it is my desire and intention that FAR REACHING MINISTRIES INC. through its agents, representatives, officers, directors, employees, assumes full and unlimited authority to make discretionary decisions based on policy mandates and/or restraints relative to myself and the situation I am involved in at that time and may have to balance my personal interests against those of other persons and/or the ministry objectives when rendering such decisions. I agree to and covenant to abide by any such decisions made on my behalf in this regard and hereby agree to hold harmless and refuse to make any claim, take any action or file any lawsuit which is in any way related to those discretionary decisions made on my behalf.
 1. The "full and unlimited authority" that I hereby grant to FAR REACHING MINISTRIES, INC. to conduct through its agents, representatives, officers, directors and employees, includes, but is not limited to the following actions:
 2. To seek information on my condition and location;
 3. Conducting any and all negotiations necessary to secure my release;
 4. To communicate with and represent my interests to governments, agencies, organizations, institutions, and individuals;
 5. To issue statements to the public and news media regarding myself;
 6. To take any other actions deemed necessary or appropriate by FAR REACHING MINISTRIES, INC. to manage, relieve, or resolve the situation in which I am involved
8. In granting "full and unlimited authority" to FAR REACHING MINISTRIES, INC., I intend for and appoint FAR REACHING MINISTRIES, INC. through its agents, representatives, officers, directors, employees, etc. to act as my ATTORNEY-IN-FACT to act in my name, place and stead in any and every way which I myself could so act if I were present as described herein.

9. This Assignment of Authority and Limited Durable Power of Attorney shall not be affected by my subsequent disability, incapacity or incompetence.
10. I have requested my next-of-kin (parent and/or spouse) to execute this document to demonstrate their acknowledgement and agreement with my desires and intentions described herein.
11. This Assignment of Authority and Limited Durable Power of Attorney does not however, authorize any one to do the following:
 1. Gain access to any of my financial assets, to spend any of my money, to incur any indebtedness on my behalf, to encumber any of my property, or to otherwise take any action regarding any financial asset or real or personal property.
 2. Make any medical or health care decisions for me.
 3. Make any decisions regarding care, supervision, or custody of any children of mine.

WHEREFORE, I HEREBY EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE AND UNDERSTANDING OF ITS CONTENTS, THIS DAY THE

_____, DAY OF _____, _____ AT _____, _____
DAY MONTH YEAR CITY STATE

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

Age (if minor) _____

PRINT NAME OF SPOUSE, PARENT OR GUARDIAN

SIGNATURE OF SPOUSE PARENT OR GUARDIAN

PRINT WITNESS NAME

SIGNATURE OF WITNESS

PRINT WITNESS NAME

SIGNATURE OF WITNESS

DATE

STATE OF _____)
COUNTY OF _____)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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