



POWER OF ATTORNEY

Exhibit F

KNOW ALL PERSONS BY THESE PRESENTS, that

_____ the ☐ legal parent(s) or ☐ court-appointed guardian(s) ("Sponsor"), residing at _____, make, constitute, and appoint Treanor Consuting, LLC, a Nevada partnership, doing business as Aurora Center For Healing Residential Treatment Center, and its authorized employees and agents ("Aurora Center For Healing"), located at 10 21st Street Hawthorne, Nevada 89415, to be the true and lawful attorney-in-fact for

_____, who was born on _____ ("Student"), for the purpose of providing custodial care and educational and clinical services. The Sponsor hereby delegates to Aurora Center For Healing all the Sponsor's powers regarding care, custody and property of the Student that the Sponsor has as a parent or guardian, except the power to consent to marriage or adoption, as permitted by Nevada law. Without limiting or qualifying the general Power of Attorney delegated and assigned by the Sponsor in the paragraph above, the Sponsor specifically grants Aurora Center For Healing the following powers:

1. To provide or obtain any medical treatment and hospital care and to authorize a physician to perform any and all procedures that may appear to be medically necessary for the well-being of the Student, including without limitation the implementation of life-sustaining procedures, as determined in _____/_____ Initials
the sole discretion of Aurora Center For Healing.

2. To obtain medical records or information (including any of the Student's individually identifiable health information and medical records regarding her past, present, or future medical or mental health condition, as well as any information or records governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations promulgated thereunder) from any physician or other medical provider who has treated or consulted with the Student at any time, or from any other person who for whatever reason has access to or possession of such records, and to execute releases therefore;

3. To guide and discipline the Student as deemed necessary and reasonable by Aurora Center For Healing in its sole discretion (not to include corporal punishment);

4. To physically restrain the Student should she become a danger to herself, or anyone else, as deemed necessary by Aurora Center For Healing and its employees in their sole discretion;

5. To allow the Student to participate in various activities which may commonly risk physical injury, including but not limited to traveling, horseback riding, river rafting (Class 3 or lower), swimming, boating, waterskiing, snow skiing, hiking, biking, contact sports, four-wheeling, snowmobiling, sledding, camping, ropes course, rappelling, rock climbing and other various forms of recreation and athletics in addition to various experiential therapies;

6. To pursue all reasonable options to find and detain the Student upon her abandonment of the Aurora Center For Healing program, as determined in the sole discretion of Aurora Center For Healing. This Power of Attorney lasts

____/____ Initials

even in the event of the Sponsor's disability and shall be effective until the earlier of (a) six (6) months from the date hereof or (b) the discharge of the Student from Aurora Center For Healing. The signature of an authorized agent of Aurora Center For Healing, as the attorney-in-fact, indicating acceptance of the delegation of Power of Attorney and concomitant responsibility for the care of the Student follows.

IN WITNESS WHEREOF, Sponsor has executed this Power of Attorney as of the ____ day of _____, 20____.

Guardian #1:

Guardian Signature ☐ Father ☐ Mother ☐ Guardian

Print Guardian Name

NOTARY:

I certify that on this ____ day of _____, 20____,

_____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

(Notary Seal)

Name: _____

Guardian #2:

Guardian Signature ☐ Father ☐ Mother ☐ Guardian

Print Guardian Name

NOTARY:

I certify that on this ____ day of _____ 20____,

_____, who is known
to me or who presented satisfactory identification, has, while in my presence and
while under oath or affirmation, voluntarily signed this document and declared that it is
true.

(Notary Seal)

Name: _____

Aurora Center For Healing Representative:

Signature of Authorized Aurora Center FOr Healing Representative

Aurora Center For Healing Representative Position

____/____ Initials