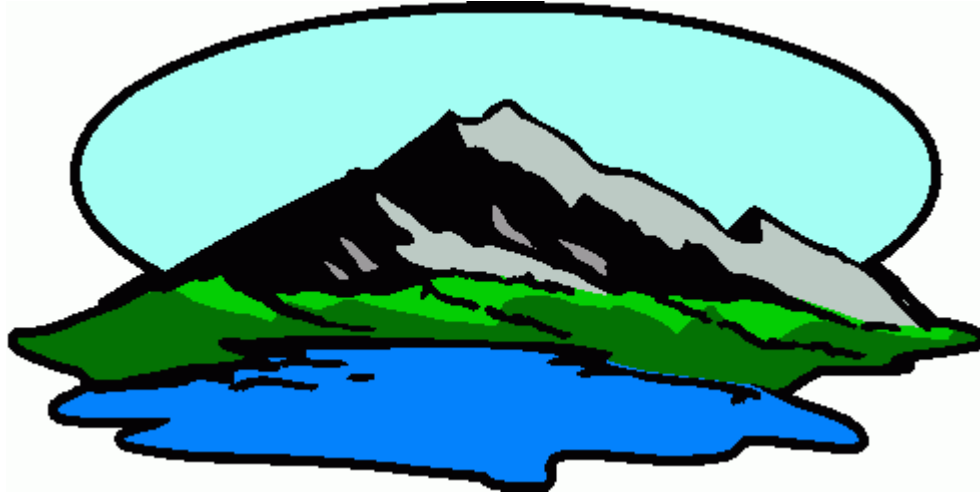




University of Nevada
Cooperative Extension



The 2007 Western Regional Collegiate 4-H Conference

Form Checklist

Please check off the following forms as you fill them out:

- Registration Form**
- Transportation Form**
- Assumption of Risk Form**
- UNCE Health Form**
- Code of Conduct Form**
- Photo/Audio/Video Release Form**
- Nevada Collegiate 4-H Indemnification Agreement**
- Outdoor/Exercise Waiver**

Please direct any questions to:

Ross Kohlmoos – Advisor, Nevada Collegiate 4-H
kohlmoos@gmail.com or 202-742-6868

Please return registration fee and forms to:

Nevada 4-H Program Office
Attn: Nevada Collegiate 4-H
Mail Stop 405
University of Nevada, Reno
Reno, NV 89557-0106



University of Nevada
Cooperative Extension



The 2007 Western Regional Collegiate 4-H Conference

Dates: October 18 – 21, 2007
Conference Fee: \$95.00
Location: South Lake Tahoe
Nearest Airport: Reno/Tahoe International (RNO)

Schedule Information for Travel Planning

- **Start - Thursday, October 18, 2007**
 - 9 AM to 6 PM Attendees are encouraged to arrive early.
 - 6 PM to 7 PM Welcome and Check-in.
- **Finish - Sunday, October 21, 2007**
 - 10 AM Official activities end.
 - 3 PM Attendees must depart the 4-H facility.



View from the beach, Nevada 4-H Camp, South Lake Tahoe.

Photo courtesy of Ross Kohlmoos

Nevada 4-H Program Office
University of Nevada, Reno/405
1305 Evans Avenue
Reno, Nevada, 89557
(775) 784-4378
(775) 327-5125
<http://www.unce.unr.edu/4H.html>

A Partnership of Nevada Counties, University of Nevada and U.S.D.A.



University of Nevada
Cooperative Extension



Registration Fee due October 7th, 2007: \$95.00
Registration Fee is Non-Refundable
Please make payment to "Board of Regents", with "Nevada Collegiate 4-H" placed on Memo line.
Return registration fee and forms to:
Nevada 4-H Program Office
Attn: Nevada Collegiate 4-H
Mail Stop 405
University of Nevada, Reno
Reno, NV 89557-0106
Registration Fee includes lodging, Challenge Course, leadership activities, and meals from Friday breakfast to Sunday breakfast.

2007 Western Regional Collegiate 4-H Conference

October 18 - 21, 2007

Registration Form

Submit registration fee and forms to the Nevada 4-H Program Office
no later than October 7th, 2007. Please type or print legibly.

I will be attending as a/an: Delegate _____ Advisor _____

University _____

Name _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip)

Phone (____) _____ Cell Phone (____) _____

E-mail _____ Gender (Circle) Male Female

____ Need Special Accommodations. Please attach a detailed note

____ Special Dietary Requirements. Please attach a detailed note

Place of Residence (Circle): Farm Rural (Non-Farm) Town Suburb City

Ethnicity (Optional) (Circle): White Black American Indian/Alaskan Hispanic Asian/Pacific Islander

Signature _____ Date _____

Persons with disabilities who require alternative means for communication of program information or reasonable accommodation need to contact, by October 7th, 2007:

Ross Kohlmoos – Advisor, Nevada Collegiate 4-H
kohlmoos@gmail.com or 202-742-6868

The University of Nevada, Reno is an Equal Employment Opportunity/ Affirmative Action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, and sexual orientation in any program or activity it operates. The University of Nevada employs only United States citizens and aliens lawfully authorized to work in the United States.

Transportation Form

Name _____

Schedule Information for Travel Planning

- **Conference Starts - Thursday, October 18, 2007**
 - 9 AM to 6 PM Attendees are encouraged to arrive early.
 - 6 PM to 7 PM Welcome and Check-in.
- **Conference Finishes - Sunday, October 21, 2007**
 - 10 AM Official activities end.
 - 3 PM Attendees must depart the 4-H facility.

How will you be traveling to the Western Regional Collegiate 4-H Conference?

_____ **DRIVE:** I will be driving to South Lake Tahoe.

_____ **FLY:** I will be flying into the Reno/Tahoe International Airport.

_____ **OTHER:** Please attach a detailed note.

If **DRIVING**, please indicate your estimated time of arrival on October 18th.

Time: _____

If **FLYING** into the Reno/Tahoe International Airport, please attach a detailed copy of your travel itinerary.

For those conference attendees who are flying into the Reno/Tahoe International Airport, Nevada Collegiate 4-H is assisting with transportation to South Lake Tahoe. Should you not wish assistance, please indicate below how you will be traveling from the Reno/Tahoe International Airport to the conference location at South Lake Tahoe.

**University of Nevada
Cooperative Extension Events
Assumption of Risk Form**

In consideration of the acceptance of my application for entry in the 2007 Western Regional Collegiate 4-H Conference, I hereby freely agree to and make the following contractual representations and agreements. I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation. I understand these risks include, by way of example and not limitation the following: the dangers of collision with pedestrians, vehicles, and fixed or moving objects; or other structures or objects; the dangers arising from surface hazards, equipment, failure, inadequate safety equipment, weather conditions, property damage or loss and the possibility of serious physical injury, pain, mental trauma or death.

(initial)

I understand that the 2007 Western Regional Collegiate 4-H Conference is an inherently dangerous activity, and that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to participate in or observe this activity.

(initial)

For myself, and my heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue the University of Nevada System, its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma, or death, and waive any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way to, any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the above event/activity including travel to and from such event or activity in which I may participate as a participant, spectator or volunteer. I hereby waive all such claims which I have now, or may hereafter have against the above organizations or persons, however caused.

(initial)

I agree that it is my sole responsibility to be familiar with the grounds, buildings, and other facilities, rules, other applicable rules or special regulations for the above event. I understand and agree that situations and conditions may arise prior to, during, or following the event which may be beyond the control of the University of Nevada System, its employees, agents, members, sponsors, volunteers, and officials, and I must participate so as to neither endanger myself or others.

(initial)

I agree for myself and my successors that the above representations and agreements are contractually binding and shall bind me and my successors for the above event. I agree that I for my successors assert any claim or bring any suit in violation of this agreement, I or any of my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit.

(initial)

I have carefully read this entry and release form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself and the University of Nevada System.

Signature of Participant _____	Address _____
Name _____	City, State, Zip _____
Date _____	Phone Number _____

Minor's Parent or Guardian Consent:

We undersigned parent or guardian of a minor do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Parent or Guardian: _____
(If participant is under 21 years of age.)

Person to contact in emergency:
Name _____ Phone Number _____
Physician _____ Phone Number _____

Signature of Cooperative Extension staff: _____



University of Nevada
Cooperative Extension

UNCE HEALTH FORM
2007 Western Regional Collegiate 4-H Conference
Thursday, October 18- Sunday, October 21; 2007



Name _____ Age _____ Birthdate _____ Sex: M F

Mailing Address _____
Street and Number City State Zip County

Phone (Home) _____ (Work) _____ (Cell) _____ Email _____

Please note, the health care professional must be aware of all potential problems or health situations so they are prepared to offer the appropriate supervision, accommodation or support needed.

INSURANCE INFORMATION

Is the participant covered by family medical/hospitalization insurance? { } yes { } no

Please attach a photocopy of front & back of health insurance card.

Family Health Insurance Company _____ Policy No. _____

Doctor's Name _____ Doctor's Phone # _____

In case of an **emergency**, notify:

(1) Name _____ Phone:(_____) _____

(2) Name _____ Phone:(_____) _____

HEALTH HISTORY:

Which of the following has the participant had?

- Measles
- Chicken Pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Other: _____

(Please list any relevant and/or infectious diseases)

Please give latest dates (mo/yr) for immunizations:

- DPT _____
- TD tetanus/diphtheria _____
- Polio _____
- MMR _____
- Haemophilus influenzae B _____
- Hepatitis A _____
- Hepatitis B _____
- Chicken Pox _____

ALLERGIES: List all known. Describe reaction & management of the reaction.

Allergies to medication:

Food Allergies:

Other allergies (include insect stings, hay fever, asthma, animal dander, etc).

General Questions (please explain "yes" answers below).

<u>Has/does the participant:</u>	Yes	No	<u>Has/does the participant:</u>	Yes	No
- had recent injury, illness or infectious disease?	[]	[]	- ever had back problems?	[]	[]
- have chronic or reoccurring illness/condition?	[]	[]	- had problems with joints (knee, ankles)?	[]	[]
- ever been hospitalized or had surgery?	[]	[]	- have skin problems (itching, rash, acne)?	[]	[]
- have frequent headaches?	[]	[]	- have diabetes?	[]	[]
- ever had a head injury?	[]	[]	- have asthma?	[]	[]
- ever been knocked unconscious?	[]	[]	- have mononucleosis in past 12 months?	[]	[]
- wear glasses, contacts or protective eye wear?	[]	[]	- have problem with diarrhea? constipation?	[]	[]
- have frequent ear infections?	[]	[]	- have problem with sleepwalking?	[]	[]
- ever get dizzy or pass out during exercise?	[]	[]	- have an eating disorder?	[]	[]
- ever had seizures or convulsions?	[]	[]	- have fears (general)?	[]	[]
- ever had high blood pressure?	[]	[]	- have fears of being in small, closed areas?	[]	[]
- ever been diagnosed with a heart murmur?	[]	[]	- ever had emotional difficulties for which professional help was sought?	[]	[]
- have hyperactivity or ADD?	[]	[]	- Other: _____		
- ever had activity intolerance?	[]	[]			

Please explain "yes" to any of the above and list any other relevant medical information:

Are you or have you been under a doctor's care in the last six months? Yes _____ No _____

If yes, what for? _____

ALL medications must be turned in to the designated health care person upon arrival or during registration. Any prescribed medication must be in the original container with directions for use signed by the physician.

If you are taking any prescribed medication? Please describe _____

AUTHORIZATION:

Each of the Undersigned HEREBY ACKNOWLEDGES, AGREES, AND REPRESENTS each of the following:

1. The health history and medical information provided is correct.
2. I understand that it is my responsibility to provide updates (including changes in health conditions and medical coverage) prior to the beginning of this event.
3. I can engage in all program activities (some of which may be physically demanding). I authorize the release of any medical information as deemed necessary. If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained.
4. I understand that I am responsible for all financial obligations incurred for all medical care secured on my behalf.

Signature (Participant)

Printed Name (Participant)

Date

If Participant is under 18 years of age:

Signature (Parent/Guardian)

Printed Name (Parent/Guardian)

Date

University of Nevada Cooperative Extension / Nevada 4-H Program

2007 Western Regional Collegiate 4-H Conference – Code of Conduct

As a delegate to the 2007 Western Regional Collegiate 4-H Conference, you represent your County and the State 4-H Youth Development Programs and 4-H members everywhere. All participants are expected to follow the Code of Conduct. If your State has its own Code of Conduct, you are obligated to follow both it and the 2007 Western Regional Collegiate 4-H Conference Code of Conduct. The following guidelines may be not exhaustive or exclusive. In the spirit of these guidelines, you are expected to exhibit good character at all times. Self-discipline, coupled with consideration for others, will assure the comfort and safety of all.

As a participant, I will:

1. Treat **all** people and property with respect, courtesy, consideration, and compassion. Avoid put-downs, insults, name-calling, swearing and other language or nonverbal conduct likely to offend, hurt or set a bad example.
2. Use good manners, act responsibly at all times and show respect for all youth and adult participants and event Staff. I understand roughhousing and insubordination will not be tolerated. I will practice fair-mindedness by being open to ideas, suggestions and opinions of others.
3. Participate in all sessions related to the event. I will not leave the assigned program area without permission of the event director. (Chaperones are responsible for ensuring youth participate in all aspects of the event.)
4. Respect and be courteous to presenters and peers when taking flash photos or videos during programs, including turning cell phones off during presentations. I will also keep noise to a minimum out of respect for others outside of the event using the same facilities.
5. Respect roommates by creating a quiet atmosphere during sleeping hours and remaining within my assigned sleeping quarters after curfew to ensure the safety/well-being of myself and others.
6. Avoid sexual displays of personal affection.
7. Dress appropriately (follow the dress code) and not wear clothing offensive and/or disrespectful to others.
8. Do not enter the cabins of members of the opposite sex. Entering sleeping rooms of the opposite sex or entering their cabins is prohibited at all times.
9. Be responsible for staying healthy and rested in order to participate at my very best.
10. Obey laws and rules as an obligation of being a good citizen. I accept the responsibility for the proper treatment and care of other youth, adults, animals, the environment, program facilities and/or equipment. Activities such as setting off fire alarms, tampering with other emergency equipment, gambling/betting are prohibited. I will reimburse the proper entity for any property damage or liability resulting from inappropriate actions and may be required to assume financial responsibility for clean-up fees.
11. Not possess or use: tobacco products, alcoholic beverages, controlled or uncontrolled mood-altering substances, pocket/hunting knives, lighters/matches, fireworks or firearms during 4-H events. All prescription and non-prescription medications will be listed on my health form. I will follow the specific 4-H event/program guidelines and will possess only acceptable items as dictated by the specific event.

I, _____ (print name) have read and agree to abide by the rules and guidelines set forth by the Nevada 4-H Program regarding the 2007 Western Regional Collegiate 4-H Conference. I understand if I break this agreement or my conduct is not satisfactory to the event staff, I can be sent home early and will be responsible for paying any transportation costs. I may also be asked to return all funds expended on my behalf for and during the event. I understand I may not be eligible to participate in similar events in the future at the national, state, or local level.

Participant Signature _____ Date _____

Concurrence by Parent/Guardian: I have read and understand the above agreement and will support my son/daughter, the Nevada 4-H Program and the 2007 Western Regional Collegiate 4-H Conference staff in adhering to these policies and guidelines.

Parent/Guardian _____ Date _____

Photo/Audio/Video Release

I give permission, without restriction, to the University of Nevada Cooperative Extension to:

- _____ photograph me
- _____ videotape me
- _____ audio record me
- _____ quote me

I grant the right to use these materials for educational and promotional use, as directed by the university, without payment or remuneration for any appearances, use or displays. I acknowledge the university's right to crop or treat the display of my photograph at its discretion. I understand that the university may use these materials in printed and Internet publications and presentations that they produce, and that they may also give these materials to news media and other organizations for educational or promotional purposes.

Name of Participant _____

If under 18 years old, name of Parent or Guardian _____

I agree to the above conditions:

Adult Participant or Parent/Guardian _____ Date _____
Signature

Mailing Address _____

City, State, Zip _____

Phone Number _____

Thank you!

NEVADA COLLEGIATE 4-H

2007 WESTERN REGIONAL COLLEGIATE 4-H CONFERENCE RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration of, and as an inducement to the acceptance of my application for attendance or participation for any purpose at the 2007 Western Regional Collegiate 4-H Conference, herein referred to as "Conference", EACH OF THE UNDERSIGNED, for herself or himself, and personal representatives, assignees, heirs and next of kin, UNDERSTANDS, ACKNOWLEDGES, AGREES AND REPRESENTS that, because attendance or participation at Conference are not without risk to myself, my family, guests who may attend, or my property, because of the very nature of such an environment, the Conference, its owners, operators, promoters, sponsors, instructors, the owners and lessees of the premises used for Conference, and for each of them, cannot and does not assume responsibility for any aspect of the safety of persons, or property, and the Undersigned's attendance or participation in Conference is done voluntarily based on the Undersigned's own assessment of his or her ability and all facilities and conditions, and the Undersigned assumes full responsibility for any and all risk at all times while traveling to, from, or in the vicinity of, while being transported in automobiles, boats, or any other vehicles provided and/or operated by Conference staff, volunteers, or associated parties, while participating in activities, events, or outings of, and while in or about the Conference for whatever purpose, and:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Conference, its owners, operators, promoters, sponsors, instructors, the owners and lessees of the premises used for Conference, and for each of them, their officers, directors, employees and agents, and for the purposes herein referred to as 'RELEASEES,' from all liability of any type to each of the Undersigned, her or his personal representatives, assignees, heirs and next of kin for any and all claims or demands therefore on account of any and all loss, damage, injury or death, which I, my family, my guests, or my property may suffer, whether caused by the negligence of the Releasees, or from any cause whatsoever while the Undersigned is in or about the Conference premises for any reason and/or traveling to, from, or during the Conference and/or competing, officiating, observing, assisting, teaching, working for or for any purpose participating in any manner in Conference activities; and
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES, their assignees, successors and estates, and each of them for any and all loss, liability, claim, demand, damage, or cost of whatever type they may incur due to the presence of the Undersigned at any time during or about the Conference for any reason, or due to the presence of the Undersigned during travel to, from, or in the vicinity of Conference, or due to the presence of the Undersigned during travel in automobiles, boats, or any other vehicles provided and/or operated by Conference staff, volunteers, or associated parties, or due to the presence of the Undersigned in or about the Conference premises for any reason or any way competing, assisting, officiating, observing, teaching or working for, or for any purpose participating in any manner in Conference activities, and whether caused by the negligence of the Releasees or from any cause, whatsoever; and
3. HEREBY AGREES TO BE RESPONSIBLE FOR ANY AND ALL DAMAGE CAUSED BY THE UNDERSIGNED, giving Conference full payment for any and all such damage to the on or off site premises, immediately upon request; and
4. HEREBY AGREES THAT THIS ENTIRE AGREEMENT SHALL BE GOVERNED AND CONSTRUED according to the laws of the STATE OF NEVADA, and is intended to be as broad and inclusive as if permitted by the laws of that State, and that if any portion of the Agreement is held to be invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect and that any action arising out of or relating to this Agreement or the action or alleged negligence of the Releasees shall be litigated in the courts of Nevada. Each of the Undersigned, for herself or himself, further understands, acknowledges and agrees that, with respect to the attendance or participation in Conference of the Undersigned:

Conference officials have the right to take whatever action they determine in their sole discretion, individually or collectively, to be appropriate and necessary whether in the best interests, as they determine, of individual persons, or of the Conference and/or its attendees or participants as a whole, including, but not limited to, refusing entry to or participation in any Conference activity of whatever type, changes to on-site room assignments including but not limited to relocation or total and permanent withdrawal of on-site room privileges, or immediate, outright, permanent expulsion from all Conference premises and activities, without refund. Such expulsion can also be based upon notice of complaints against the Undersigned from off-site accommodations or the surrounding community which, by individual substance and/or number is sufficient, as determined by Conference officials in their sole discretion, to warrant such action because the off-site behavior of persons attending or associated with Conference can impair the ability of Conference to continue to exist and/or operate.

Each of the Undersigned further certifies, for himself or herself, that the following statements are also true and correct, and that she or he further understands that they were also relied upon by Releasees in granting permission to attend and participate in Conference:

1. No oral representations, statements or inducements from or by Releasees apart from this written Agreement have been made; and
2. He or she agrees to follow all Conference rules at all times while attending or participating in Conference or on Conference premises or surrounding areas for any reason whatsoever; and
3. He or she is eighteen (18) or more years of age, or a concurrent signature of the parent or guardian of the Undersigned participant is herein contained.

Each of THE UNDERSIGNED, for herself or himself, certifies that he or she HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNIFICATION AGREEMENT.

SIGNATURE (PARTICIPANT)

PRINTED NAME (PARTICIPANT)

DATE

If participant is under 18 years of age:

SIGNATURE (PARENT/GUARDIAN)

PRINTED NAME (PARENT/GUARDIAN)

DATE

Nevada State 4-H Camp, NSHE Outdoor or Exercise Class Waiver, Release, and Indemnification Agreement

I, _____, am attending the 2007 Western Regional Collegiate 4-H Conference at the Nevada State 4-H Camp, a member institution of the Nevada System of Higher Education (NSHE). I understand and hereby acknowledge that my participation in ropes course events at the State 4-H Camp is wholly voluntary. In consideration of being allowed to participate in ropes course activities at Nevada State 4-H Camp, I hereby agree as follows:

1. I understand the nature of the outdoor or exercise class activities I may participate in (mountaineering, hiking, mountain camping, skiing, snow sports, sport climbing, biking, backpacking) may require mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may include strenuous exercise that requires physical fitness, strength, and stamina.

2. I understand that the outdoor or exercise activities described herein involve the risk of injury or death and the risk of damage to or loss of property. I understand that these activities involve serious dangers and inherent risks, including risks associated with travel to and from such activities in Nevada and California, as well as travel to and in mountainous regions and other remote places. I understand, accept, and voluntarily assume these risks.

3. I understand that neither the NSHE nor the Nevada State 4-H Camp will provide medical or health insurance coverage to me during any aspect of my participation in outdoor and/or exercise class activities at Nevada State 4-H Camp. I hereby represent and warrant that I am and will be covered throughout the activity by a policy of comprehensive health and accident insurance that provides coverage for injuries I may sustain in the course of my participation in the activity. I understand I may be required to show proof of insurance coverage prior to my participation in the activity.

4. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend, and hold harmless the NSHE and Nevada State 4-H Camp, and their employees, agents, and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the activity.

5. To the extent authorized by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the NSHE and Nevada State 4-H Camp, and their employees, agents, and representatives, from any and all liability, loss, damage or expense, including attorneys fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in the activity.

6. To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against the NSHE and/or Nevada State 4-H Camp and/or their employees, agents, and representatives, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nevada, including the provisions of Nevada Revised Statutes Chapter 41; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Participant's Name: _____

Signature: _____ Dated: _____

If participant is a minor: _____

Guardian's Name: _____

Guardian's Signature: _____ Dated: _____