



2017 YOVASO Summer Leadership Retreat
 June 19-22, James Madison University, Harrisonburg, VA

Student Registration Form



Please complete and return registration forms as soon as possible to ensure your spot or submit online at www.yovaso.org (Retreats)

YES! I will be attending the 2017 YOVASO Summer Retreat June 19-22 at James Madison University in Harrisonburg, VA

Student's Name: _____ Age: _____ School: _____

Home Address: _____ Grade (2016/17): _____

City/State/Zip: _____ Sex: Male ___ Female ___

Home Phone: _____

Student's Cell Phone: _____ Student's E-mail: _____

Roommate Request: _____

Each dorm room has 2 twin beds and a limited amount of 3 twin beds. If you would like to request a room that holds 3, please check here and list your second roommate request _____ (Requests for 3 twins are on a first-come, first-serve basis and aren't guaranteed. Students who do not request a roommate will be matched with another student.)

T-shirt Size: (circle one) S M L XL 2XL 3XL (T-shirts are adult sizes only)

Dining / Awards Banquet Dietary Requests:

Please list any food allergies or special dietary needs: _____

Please check if you request a vegetarian or vegan option for the Awards Banquet:

I request a vegetarian/vegan meal

Code of Conduct:

The YOVASO Summer Retreat offers many unique opportunities and experiences. In addition to the educational benefits, you will form new friendships and meet youth throughout Virginia. YOVASO and each sponsoring agency want to provide an atmosphere where chaperones and youth support one another with genuine respect. As a youth participant, it is your responsibility to make the trip a positive and enjoyable experience for yourself, fellow participants, and chaperones.

All participants are expected to abide by the following rules of conduct:

- 1) Demonstrate high standards of conduct and accept personal responsibility and consequences for his/her actions.
- 2) Exhibit honesty, courteousness, and consideration towards others, including those in your groups, as well as anyone else with whom you may come into contact, such as college and retreat staff.

- 3) Observe curfews and remain with assigned groups during scheduled activities. Students may not leave the campus at any time.
- 4) Obey all rules of James Madison University and treat all facilities, including dorm rooms, meeting rooms, grounds, cafeteria, etc. with respect. Individuals responsible for damages to any property or furnishings will be responsible for repair or replacement. Lost keys will be billed to students at a \$50 replacement fee.
- 5) The use of alcohol and controlled or illegal substances of any form during this event is prohibited. Use or possession of such substances will result in dismissal from the retreat and may subject the attendee to prosecution under state laws. *This does not include over the counter or prescription medications listed on the medical waiver.*

Our goal is to make this retreat an educational, safe, and enjoyable experience for everyone. Participants who disregard or violate the code will be subject to disciplinary action including, but not limited to, exclusion from retreat activities, dismissal from the retreat, and/or being denied participation in future YOVASO events.

I agree to attend the 2017 YOVASO Summer Retreat. I have read the Code of Conduct and agree to abide by the outlined rules: (Parents must also read the code and sign below.)

➔	Student's Signature _____	Date _____
➔	Parent's Signature _____	Date _____
➔	Sponsor's Signature _____	Date _____

(Attached Student Medical Waiver and event waivers must also be completed and returned)

Registration Fee:

YOVASO will be charging a small \$25 registration fee* per person, or a discounted team fee of \$125 for a team of 6 students and one sponsor. This fee helps to offset the cost of retreat materials that aren't funded under our grant and increase attendance accountability for those who register. This will enable us to continue providing t-shirts, backpacks, and lanyards and help us recover some of the dorm room and meal costs for any no shows. **Payments will only be reimbursed if registration is cancelled prior to June 2.**

** YOVASO Youth Leaders will not be charged \$25 fee.*

Payment Instructions: The deadline for registration and payment is Friday, April 28.

Your school sponsor should be providing you with instructions on how to handle the student registration fee. Check with he/she on how the fee will be collected or if you will be responsible for directly sending the check to YOVASO. **If you have been instructed to pay the fee directly, please make the check out to YOVASO and mail to the YOVASO Office at the address below.** There is no online payment option. Please write the name of the student/s the fee will cover on the check or on an attachment.

Mail checks to:
 YOVASO Summer Retreat
 3775 W. Main St.
 Salem, VA 24153

Registration forms may be mailed with the check, faxed to YOVASO at (540) 380-3348, or submitted online at www.yovaso.org



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Medical Release Form & Liability Waiver



Student's Name: _____ Age: _____ School: _____
 Parent's Name: _____
 Home Address: _____
 City/State/Zip: _____
 Home Phone: (____) _____ Parent Work Phone: (____) _____
 Parent Cell: (____) _____ Student Cell: (____) _____
 Student E-mail: _____ Parent E-mail (optional): _____

The following medical information is required for students to participate in all Retreat activities:

Family Physician: _____ Phone No: (____) _____
 Physician's Address: _____

List Student's Allergies (including food, poison ivy, bee stings, peanuts etc.): _____

List Any Medical or Behavioral Conditions: _____

List Medications Currently Taking and Conditions Prescribed For: _____

Does the Student Have a Special Diet (Vegetarian, Vegan, Other): _____

Date of Last Tetanus Shot: _____

Contact in case of emergency: _____

Contact's Emergency Phone Number(s): _____

Student's Date of Birth: _____

Insurance Company: _____ Policy/Group Number: _____

_____ has my permission to receive medical treatment by a physician or a hospital should an illness or accident occur while attending the 2017 YOVASO Summer Leadership Retreat June 19-22 at James Madison University.

ACTIVITY CONSENT FORM & LIABILITY WAIVER:

I, _____, give permission for my child, _____, to attend the 2017 YOVASO Summer Leadership Retreat at James Madison University in Harrisonburg, Va., to reside in the on-campus residence halls, and to participate in all the activities associated with this event. Any conditions that staff should be aware of or that would prevent participation in certain activities are listed above.

RELEASE OF LIABILITY: I hereby release the YOVASO Program, its officers employees and agents; James Madison University, its officers employees and agent;, the Virginia State Police, its officers employees and agents; and other participating entities and law enforcement agencies and their officers employees and agents, hereafter known as the released parties, from all liabilities, causes of action, claims and demands that may arise in any way from any injury, death, or any loss or harm that may occur to me or to my child while traveling to and/or from the YOVASO Program or during the Program itself, including but not limited to any YOVASO activity or in any way related to the activity or during free time. I promise to indemnify, hold harmless and defend the released parties against any and all claims to which this agreement applies, including claims for their own negligence.

➡ _____
 Signature of Parent/Guardian

 Date



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Media Release Statement



Youth of Virginia Speak Out About Traffic Safety (YOVASO) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to YOVASO and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify YOVASO if any changes to my situation occur that will impact this media release permission.

I have read the above release and am aware of its contents.

Signed _____ Date _____

Printed Name _____

Address _____

Signature of Parent or Guardian (if under 18) - I am the guardian of the minor named above and hereby agree that we will be bound by this release:

Signed _____ Date _____

I DECLINE to give permission for any photograph, digital image, videotape, other picture, voice, performance, and comments to be used for promotional purposes by YOVASO.

Signed _____ Date _____

Parent/Guardian if participant is under 18:

Signed _____ Date _____

CITY OF HARRISONBURG
RELEASE OF ALL CLAIMS AND ASSUMPTION OF THE RISK

WHEREAS, I wish to voluntarily participate for my own benefit in the following “Activity” sponsored by the Harrisonburg Police Department:

Harrisonburg Police Seat Belt Convincer

and the City is willing to permit my participation in the Activity because doing so serves important government functions such as public education; and

WHEREAS, I have been given specific information orally and/or in writing describing the nature of the Activity and the risks and dangers involved, as well as instructions relating to my participation in the Activity; and I have examined the equipment and vehicles to be used in the Activity and find them safe and suitable for my needs;

NOW, THEREFORE, I agree as follows: I have listened to and/or read the information about the Activity and I understand the nature of the Activity and its risks and dangers. I acknowledge that the City has taken all reasonable steps to prepare me and properly equip me for the Activity. However, the City has warned me that despite the City’s reasonable efforts, I could suffer serious bodily injury, death and property damage as a result of the Activity, including but not limited to physical or personal injury, disease, psychological or mental injury, death and/or loss of property due to vehicle collision or malfunction, exposure to fires or harmful substances, crashes, falls, overexertion, allergic reaction, equipment or system failure, or other causes due to exposure to or involvement in emergency or non-emergency situations.

NOTWITHSTANDING such warning, and with full and complete understanding of all dangers and risks the Activity involves, I voluntarily assume full responsibility and all risks for any and all personal and bodily injuries, death and property damage that may result to me from my participation in the Activity, and I assume all risks inherent to this activity.

I CERTIFY that I am physically capable of safely participating in the Activity, and I have taken all actions that I consider necessary to make this determination, up to and including seeking the advice of and appropriate examinations by a qualified physician. Should I require any reasonable accommodation I have made my needs known to the City and I agree to abide by the City’s decision as to whether it can accommodate my needs and, if so, how such accommodation is to be made.

IN CONSIDERATION of being allowed to participate in the Activity, I hereby waive, release and forever discharge the City of Harrisonburg, Virginia and the Harrisonburg Police Department, their officers, directors, employees, agents and volunteers (the “City”) from any and all claims, liabilities, actions and causes of action of every nature and kind arising out of or relating in any way to the Activity.

(continued on back)

I AGREE to indemnify and hold harmless the City from any and all personal and bodily injuries, death and property damage, including cost of investigation, reasonable attorney's fees and cost of appeals, arising out of any such claims or suits because of any acts or omissions by me. During and after the Activity and while on City property I will abide by all instructions and restrictions imposed by the City, including but not limited to instructions as to how I should act and the use of equipment, and I agree that the City may discontinue the Activity or require me to leave the premises at any time for any reason. I authorize the City to seek emergency medical treatment for me and to arrange for my transportation to a medical facility in the event of a medical emergency.

I CERTIFY that I am over eighteen (18) years of age and am mentally competent. This Release and Assumption of Risk is binding on all my heirs, executors, next of kin and assigns, and all persons who may claim by or through me. I acknowledge that the City offers me no worker's compensation, medical payments coverage, or other benefits in connection with the Activity.

CAUTION: READ THE FOREGOING RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK BEFORE SIGNING. THIS DOCUMENT IS VALID UNLESS AND UNTIL REVOKED IN WRITING AND REVOCATION DELIVERED TO THE CITY OF HARRISONBURG AND THE HARRISONBURG POLICE DEPARTMENT

PARENT/GUARDIAN SIGNATURE: _____ Date: _____
PARTICIPANT'S SIGNATURE: _____ Date: _____
Print Names: _____
Address: _____
Telephone: Home: _____ Work: _____

Contact:
MPO Mike Gangloff
Harrisonburg Police Department
101 N. Main St.
Harrisonburg
VA 22802
(540) 437-2630

If you plan to participate in this activity:

Please complete this form prior to the Retreat. It can be completed online at yovaso.org / faxed to YOVASO at 540-380-3348 / or mailed to YOVASO, 3775 W Main Street, Salem, VA 24153.

If faxing, please bring signed form with you to the Retreat and turn in at Registration.

Blacktop Bootcamp Retreat Session

YOVASO will offer a condensed version of the Blacktop Bootcamp advanced driving skills course at the 2017 Summer Leadership Retreat. Below is a brief overview of the session including the classroom and the behind-the-wheel training.

- *To participate in this session, the attached waiver must be completed and notarized. The waiver must be faxed back to YOVASO before the retreat at 540-380-3348 or mailed to YOVASO, 3775 W Main Street, Salem, VA 24153. Bring the original signed waiver to the retreat if you fax the form.*
- *Only students who have a Driver's License or Learner's Permit are authorized to participate. Please physically bring these with you to the Blacktop session.*

Blacktop Bootcamp is a company whose Driving Arts™ Academy teaches advanced street driving skills to licensed, or learner's permitted, drivers 15 years of age and older. By combining classroom sessions and rigorous behind the wheel training, students learn skills that will save their lives amidst the chaos of the modern road.

Blacktop Bootcamp students will learn the following:

- Basic vehicle dynamics
- Basic physics as it pertains to cars
- Basic vehicle maintenance
- Vision
- Balance
- Traction management
- Braking techniques
- Accident avoidance maneuvers
- Skid prevention, correction and recovery
- Driving during inclement weather



The course is split into classroom sessions where students learn the theory and basics behind what they will use in the on-course portion. In the on-course portion of the class theory is put to work on a challenging, low-speed course where students learn what their vehicle can and cannot do in emergency situations. In-car instructors guide students through ever more challenging exercises, providing crucial feedback and training as students practice behind the wheel.

One of the most important tools is Blacktop Bootcamp's skid car. This vital tool enables the instructor to induce skids at very low speeds. The student gets to feel the vehicle's behavior in various skids, then they are taught how to prevent and recover from the skid. Even though the student is driving, the instructor has the ability to bring the car back under full control at the touch of a button and a brake on the passenger side adds further safeguards.

Blacktop Bootcamp selects its instructors from its network of law enforcement officers, high-performance driving and licensed race car drivers. These people are experts in the field of vehicle control and their wisdom and training is our greatest asset. While they don't teach how to chase bad guys or race cars, they do teach the consequences of driving beyond the limit of the student and their car.

Visit www.blacktopbootcamp.com for more information



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INEMNITY AGREEMENT

SCHEDULED EVENT: YOVASO – Blacktop Bootcamp Course Demonstration,

LOCATION: James Madison University Harrisonburg, VA

EVENT DATE: June 21, 2017

IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WIAVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, sponsors, advertisers, owners and leasees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns all for the purposes herein referred to as "Releases," FROM ALL LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the UNDERSIGNED'S INJURY OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

BOTH PARTIES MUST SIGN IN THE PRESENCE OF A NOTARY and mail this form to YOVASO, 3775 W Main Street, Salem, VA 24153 or fax to YOVASO at 540-380-3348 prior to the Retreat. If faxing, bring the signed original to the Retreat. Student must bring Driver's License/Learner's Permit.

Parent Authorization Printed Name Signature Relationship to Student Date	Student Printed Name Signature Permit or License Number (If wishing to drive) Date	Notary – State of Virginia, County / City of _____, to wit: Sworn and subscribed before me this _____ day of _____, 2015. _____ Notary Public My registration Number is _____ and my commission expires: ____ / ____ / ____
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