

YOVASO PRESENTS

# 2025 SUMMER LEADERSHIP RETREAT

*TIDES, VIBES, AND SAFE RIDES*



REGISTER  
TODAY!  
\$15 PER  
STUDENT

## JOIN US TO EXPERIENCE :

Leading Youth Motivational Speaker, Cara Filler

A Simulated Crash Scenario with VCU's Project IMPACT

YOVASO'S Annual Talent Show, PJ Party, and Glow Stick Game

Multimedia Trivia Game Show Hosted by TjohnE Productions

Connecting with Young Traffic Safety Leaders from Across Virginia

*AND SO MUCH MORE!*



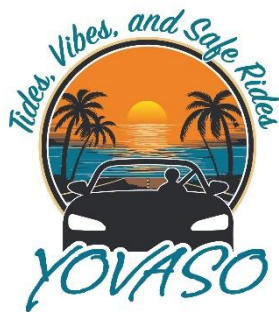
REGISTRATION IS OPEN FOR RISING 9TH  
GRADERS THRU GRADUATING SENIORS

**JULY 17-20, 2025**

**JAMES MADISON UNIVERSITY**



REGISTER AT [YOVASO.ORG/SUMMER-RETREAT](https://yovaso.org/summer-retreat) OR SCAN THE QR CODE



## Hello Parents and Students,

YOVASO is excited to invite students to our 2025 Summer Leadership Retreat at James Madison University on July 17-20, 2025. The Retreat will have a fun, beach theme **"Tides, Vibes, and Safe Rides"** to remind teens to make good choices and drive safely while enjoying summer vacation. The Retreat's a lot of fun, only \$15 per student, and a great way to gain leadership and safe driving skills! Students who are rising 9<sup>th</sup> graders through graduating seniors are eligible to attend.

### What's YOVASO All About:

Youth of Virginia Speak Out About Traffic Safety (YOVASO) is a statewide peer-to-peer education and leadership program for teens that focuses on building generations of safe teen drivers in Virginia. Our mission is to empower you, our youth, to influence a safe driving culture in your schools and communities. We sponsor the Retreat annually to help students learn safe driving and passenger safety skills. Plus, you will also learn about leadership and how to work in your school and community to save lives!

### What Can You Expect While At The Retreat:

Throughout the 4-day Retreat, you will be placed on one of 10 teams and will work with students from across the state on creative projects and leadership-building activities with a traffic safety focus. Some of the daily experiences will include:

- Motivational speakers on youth leadership
- Personal stories from parents and teens
- Amazing Race team competition with a beach theme
- Guided workshops to help you plan safety projects and activities for your school or learn leadership skills
- [Project Impact](#) - a simulated crash/hospital trauma bay
- [Distracted Driving Simulator](#) course with VSP Troopers and other interactive safety exercises
- Innovative team-building activities
- Fun, nightly socials including pajama night!

### Are You a Student Who Is:

- Committed to learning about and making smart choices when it comes to driver and passenger safety
- Interested in being positive role models among your peers
- Interested in meeting and networking with diverse students from across the state who share your interest in safe driving

If this describes you, then the YOVASO Summer Leadership Retreat will be right up your road! REGISTER NOW!

This four-day, three-night retreat includes overnight accommodations, meals, educational sessions, t-shirts, backpacks, and materials. The dorm rooms will be in Chandler Hall and all activities will be in or near the Festival Conference Center. Students will share a dorm room with another individual, so if you want to bring a friend, request them as your roommate.

### To Register Or For More Information:

Go to [www.yovaso.org/summer-retreat/](http://www.yovaso.org/summer-retreat/) website to fill out the online Registration form or print the form and mail to YOVASO, Va State Police Division 6, 3775 West Main St, Salem, VA 24153. The Retreat is only \$15 per student and can be mailed to the YOVASO address or submitted via PayPal on the YOVASO website. The deadline to register is June 22, but register early to reserve your spot. If attending with a school team, check with the team adult sponsor at your school for instructions on payment.

**Note:** The Retreat will involve **daily** activities that require participants to be outside for several hours, to sit/stand/engage in workshops or presentations for 1-2 hours, walk/run for short distances, and participate on a team with a diverse group of students. If you have any questions about Retreat activities email me at [callie.clary@vsp.virginia.gov](mailto:callie.clary@vsp.virginia.gov). Or call Mary King, the YOVASO program manager, at 804-461-0396. A tentative Retreat agenda will be posted on the YOVASO website by March 15.

If you are interested in leadership, learning how to be a safer driver and passenger, and being an influencer for safe driving in your school and community, we hope you will join us for the 2025 YOVASO Retreat.

Sincerely,

*Callie Toler*

Callie Toler, Retreat Director





## 2025 YOVASO Summer Leadership Retreat

July 17-20, James Madison University, Harrisonburg, VA

### Student Registration Form



Please complete and return registration forms as soon as possible to ensure your spot or, register online at [www.yovaso.org/summer-retreat](http://www.yovaso.org/summer-retreat)

Student's First & Last Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

Your name will be listed on your name tag that you will wear each day. Please list below how you would like your name to be listed. *For example, your name is Zachary Smith, but you want your name tag to say Zach Smith.* Name: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending in Fall 2025/26: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Other \_\_\_ Please Specify \_\_\_\_\_

If you are attending with a school/youth group team, who is attending as your Adult Sponsor or SRO:

\_\_\_\_\_

If you are a relative of a State Police Employee, please provide his/her name: \_\_\_\_\_

Did you attend the 2024 retreat? Please circle: Yes or No

Do you have a valid Driver's License or Learner's Permit? Please circle: Yes or No

**\*Please bring it with you. If you do not have a valid Learner's or Driver's License, please bring your school ID or a state issued Identification Card as required for check in.**

#### **Roommate Request:**

Each dorm room has two twin beds. If you would like to request a roommate, please check here ☐

If requesting a roommate, please provide their first and last name: \_\_\_\_\_

*\*Students who do not request a roommate will be matched with another student.*

*\*If you have any rooming accommodations, list details below or contact Callie Toler to discuss:*

\_\_\_\_\_

**T-shirt Size:** (circle one) S M L XL 2XL 3XL Other: \_\_\_\_\_

(T-shirts are adult sizes only. **You must register by June 1 to guarantee you receive your t-shirt size**)

## **Lost Key Information:**

James Madison University has a Lost Key Policy that states any lost keys during the retreat will result in a \$50 replacement fee. YOVASO provides a free lanyard and backpack to all participants to help ensure they are able to keep up with their belongings. **Please note that the \$50 will be the participant's responsibility and to be paid prior to the end of the retreat.**

Adult Signature is needed to confirm that you understand the lost key Policy:

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## **Code of Conduct:**

**The YOVASO Summer Leadership Retreat offers many unique opportunities and experiences. In addition to the educational benefits, you will form new friendships and meet a diverse group of 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, retreat rules, and remain with assigned groups during scheduled activities. Students may not leave the campus at any time. You will be required to stay in your assigned room after lights out.
- 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. Additionally, replacement meal cards will be billed to students at a \$10 fee.
- 5) Participate fully in all Retreat activities, including activities that require the following: being outside for several hours a day; standing/sitting/being attentive for 1-2 hours at a time; walking/running short distances; and working each day with your assigned team that will include diverse students from schools across Virginia.

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.*

Vaping, smoking, and other related products are also prohibited. Per Virginia law, no person less than 21 years of age shall purchase, attempt to purchase or possess any tobacco product, including but not limited to cigarettes, cigars, bidis, rolling papers, nicotine vapor products, and alternative nicotine products. *For more details, please refer to the Retreat Medication Policy at [www.yovaso.org/summer-retreat](http://www.yovaso.org/summer-retreat).*

**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 2025 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 \_\_\_\_\_

**\* Attached Student Medical Waiver and Event Waivers must also be completed and returned \***

## **Registration Fee:**

**YOVASO will be charging a small fee for retreat participants.** 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. **The final deadline to register is June 22, 2025. Refunds will only be given for cancellations made prior to this date.** *\*YOVASO Youth Leaders will not be charged a retreat fee.*

**Fee for Registrations:** \$15 per person or \$75 for a team of 6 students and 1 adult advisor.

## **Payment Instructions:**

If attending the Retreat with a school/youth group, your sponsor should be providing you with instructions on how to handle the student registration fee. Check with the sponsor on how the fee will be collected or if you will be responsible for paying for the fee yourself. If you have been instructed to pay the fee directly, you can choose from one of the following options:

### **For online payments:**

If you would like to pay online, you can scan the QR Code below to pay via PayPal. In the notes section on PayPal, please include the student's name(s) you are paying for and Summer Leadership Retreat.



### **For Mail-In Payments:**

Make the check out to YOVASO Summer Leadership Retreat, include student's name (s), and mail the check to:

YOVASO Summer Leadership Retreat  
Virginia State Police, Division 6  
3775 West Main Street  
Salem, VA 24153

Registration forms may be mailed with the check, submitted online at [www.yovaso.org/summer-retreat](http://www.yovaso.org/summer-retreat), or scanned and emailed to Callie Toler at [callie.clary@vsp.virginia.gov](mailto:callie.clary@vsp.virginia.gov)





**2025 YOVASO Summer Leadership Retreat**  
July 17-20, James Madison University, Harrisonburg, Va.  
**Medical Release Form & Liability Waiver**



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Cell: (\_\_\_\_\_) \_\_\_\_\_ Student Cell: (\_\_\_\_\_) \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Student is physically able to:

*\*Select all that apply*

- ☐ Participate fully in four, full days of activities
- ☐ Participate in outdoor activities for several hours per day
- ☐ Stand, sit, and be attentive for 1-2 hours at a time during classroom sessions and speaker presentations
- ☐ Walk and/or run short distances to buildings and classrooms and during activities, such as games and the Amazing Race.
- ☐ Work daily within an assigned team that will include a diverse group of students from schools across Virginia.

**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:** \_\_\_\_\_

**Do you give YOVASO permission to give your child over the counter Tylenol/Motrin/Pepto?** Yes or No

Contact in Case of Emergency: \_\_\_\_\_

Contact's Emergency Phone Number(s): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

\_\_\_\_\_  
(student name) has my permission to receive medical treatment by a physician or a hospital should an illness or accident occur while attending the 2025 YOVASO Summer Leadership Retreat July 17-20 at James Madison University.

## PARENTAL ACTIVITY CONSENT FORM & LIABILITY WAIVER: \*Please Read Thoroughly.

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to attend the 2025 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. I have listed in the above information all conditions affecting my child that staff should be aware of or that **would prevent participation in certain activities during the Summer Retreat as pre-approved through email or phone call with Retreat staff.** I understand that my student must be physically able to participate in activities that require being outdoors; standing, sitting and being attentive; walking and/or running for short distances; and working cooperatively in a team of diverse students from other schools. As parent/guardian of the above student, who is voluntarily registering for the Summer Leadership Retreat, I agree to instruct my child to adhere to All Retreat rules, participate fully in all Retreat activities, and understand they must follow the Code of Conduct.

**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

## ASSUMPTION OF RISK AND RESPONSIBILITY RELEASE AND WAIVER OF LIABILITY FOR THE DISTRACTED DRIVING SIMULATOR

The Virginia State Police, Youth of Virginia Speak Out About Traffic Safety (YOVASO), and State Farm have developed a Simulator program to educate students about distracted and impaired driving. The simulator is a customized low speed vehicle which is driven by a student and/or adult through an obstacle course of traffic cones while accompanied by a Trooper. The course can be set up to show the risks of driver distractions, such as texting, adjusting radio, passenger distractions, etc. (distracted driving course); or can be used in conjunction with the "Fatal Vision" goggles to simulate what your mind perceives while under the influence of alcohol (impaired driving course).

The goal of the project is to show students and/or adults the impact their decisions have on driving abilities and fine motor skills. It is designed to impress upon students and/or adults the dangers of distracted and impaired driving, in a controlled environment. I recognize that this activity is potentially hazardous and could result in serious bodily injury. I agree to assume the risk of my child of any such injury. I agree to hold harmless and release from all liability the school or organization hosting the event, YOVASO, State Farm, the Virginia Department of State Police, and any of their employees or agents.

**In order to participate in the program, parents of students under the age of 18, must give permission below.**

I give \_\_\_\_\_ permission to participate in the Simulator program. I recognize that this activity is potentially hazardous and could result in serious bodily injury. I agree to assume the risk on behalf of my child of any such injury. I agree to hold harmless and release the liability the school/organization hosting the event, YOVASO, State Farm, the Virginia Department of State Police, and any of their employees or agents.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## SENSITIVE SUBJECT DISCLAIMER

During the week, we will have personal speakers sharing their own experiences and a realistic opportunity for students to see the process before, during, and after a crash through our Project IMPACT mock crash scenario. If your student has lost a friend or family member or has experienced a recent or past traumatic event or a family-related or school-related tragedy that might lead to adverse emotional reactions, please provide information below so that we are aware.

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**\*Please complete attached Media Release Waiver and Project IMPACT Waiver\***



**2025 YOVASO Summer Leadership Retreat**  
July 17-20, James Madison University, Harrisonburg, Va.  
**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 \_\_\_\_\_



## Injury & Violence Prevention Program

IVPP-A Hospital Based Community Program



# VCUHealth™

## VCU Medical Center

### Project IMPACT Media Release Form

**Date:** \_\_\_\_\_

*I hereby give permission for the photography/videotaping/filming/interviewing/recording of*

**Name:** \_\_\_\_\_

Student Name

\_\_\_\_\_  
Location or School

**By:** VCU Medical Center Injury & Violence Prevention Program IVPP

**For:** Trauma Surgery/Forensic/Life Evac/educational events or publications

I release VCU Health Systems and its MCV Hospitals and Physicians from any and all responsibility for incidents arising from the use of the photograph/videotape/film/article.

I relinquish my rights now or in the future to any royalties, copyright, license or reproduction compensation from the creation or reproduction of the media in any form.

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



# VCUHealth™

## VCU Medical Center