



FLOYD COUNTY BOARD OF EDUCATION
Dr. Henry L. Webb, Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
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www.floyd.kyschools.us

Sherry Robinson- Chair - District 5
Dr. Chandra Varia, Vice-Chair - District 2
Linda C. Gearheart, Member - District 1
William Newsome, Jr., Member - District 3
Rhonda Meade, Member - District 4

Date: September 22,

Consent Agenda Item (Action Item): Consider/Approve Bluegrass Championship Wrestling agreement and to use the gymnasium at Stumbo Elementary School to hold a wrestling event to raise money to help pay for the funeral of student killed in a car accident.


Applicable State or Regulations: Board Policies 05.21; 05.3; 05.31; 10.3

Background and Rationale: Special circumstances to help a family pay for a funeral.

Budget/Financial Issues: There are no foreseeable cost associated with this group using our facilities.

Recommended Action: To allow Bluegrass Championship Wrestling to use gymnasium at Stumbo Elementary.

Contact Person(s): Donna Robinson (606) 263-6200



Principal

Director



Superintendent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/24/2017

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED BLUEGRASS CHAMPIONSHIP WRESTLING Kenneth Cantrell 204 Depot Road Pattsville, KY 41240		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Evanston Insurance Company	35378
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS (ADD'L)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5450-M1326204	SEE BELOW	SEE BELOW	EACH OCCURRENCE - INCLUDES EA BODILY INJURY & PROPERTY DAMAGE	\$ 1,000,000
						DEDUCTIBLE	\$ 1,000
						COMBINED SINGLE LIMIT (EA accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate holder listed below is named as additional insured per attached CG 20 28 07 04 for the following dates: 01/07/2017, 01/21/2017, 02/04/2017, 02/11/2017, 02/18/2017, 03/04/2017, 03/18/2017, 04/01/2017, 04/08/2017, 04/15/2017, 05/06/2017, 05/20/2017, 06/03/2017, 06/17/2017, 07/01/2017, 07/04/2017, 07/15/2017, 08/05/2017, 08/12/2017, 09/02/2017, 09/16/2017, 10/07/2017, 10/20/2017, 10/21/2017, 11/04/2017, 11/11/2017 & 12/02/2017.
Attendance: 750, Event Type: Wrestling Event.

CERTIFICATE HOLDER

Quaker Steak & Lube 2931 Mountaineer Blvd Charleston, WV 25309	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL Endeavor to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Will Maddux</i>
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Bluegrass Championship Wrestling

Letter of Agreement

This is a letter of Agreement will serve as a binding contract between Bluegrass Championship Wrestling, hereinafter known as BCW and _____, hereinafter known as the Sponsor, Whereby BCW and the Sponsor wish to present a card of Professional Wrestling on the date of _____, at _____ beginning at _____, the parties agree as follow:

After _____ percent of the Kentucky State tax, BCW will receive _____ of all receipts. The Sponsor will receive _____ percent of all receipts.

Final settlement between BCW and Sponsor is to be strictly in Cash.

BCW shall provide and bear the cost of the following items.

- A card of professional wrestlers. "All wrestlers will be licensed by the KBWA."
- A professional wrestling ring, ring crew, their transportation.
- A licensed Referee.
- A public address system and ring announcer.
- Provide all tickets and posters for the event.

Sponsor will be responsible for the following items:

- Suitable facility for the event, including any rental and or janitorial charges.
- Necessary manpower for the concession area and items for concession.
- Ring side chairs "minimum number of chairs 100."

The doors will open no later than one hour before the starting time of the event. In addition, BCW reserves the right to allow own concessionaire to sell souvenir items the night of the event and proceeds therein shall be excluded from any provisions of this letter of agreement.

The Ring Crew will have access to the building at _____ on the day of the event.

The sponsor of the event to ^{will be} held harmless as the law of Kentucky ^{much} will allow.

This Letter of agreement shall take effect and be enforceable as a Bluegrass Championship Contract.

Sponsor _____ Date _____

For BCW _____ Date _____

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity	Bluegrass Championship ^{Wrestling}	Telephone	606 792 6335
Representative's Name	Lura Cantrell (LISA)		
Address	204 Depot RD Paintsville Ky 41240		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input checked="" type="checkbox"/> stadium <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____			
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment <u>Chairs</u> Operator's Name <u>Lura Cantrell</u>			
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
Building/school/facility <u>Stumbo Elm School</u>			
Purpose <u>fundraiser</u>			
Date(s) requested _____		Time(s) Requested _____	
Will public be admitted?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Will advertisement(s) be used?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Will admission be charged?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

When using school facilities, this organization agrees to observe the following:

- To schedule with the building Principal the time(s) District **property is to be used**. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
- To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
- To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
- To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Application and Agreement for Use of District Property**FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians	0			
Food Service Employees	0			
Supervisory Personnel	0			
Other _____	0			
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>Stumbo Elem</u> school	0	0	0	0
Auditorium at _____ school				
Cafeteria - Dining Room Kitchen Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

Lisa Cantrell
Signature - Representative of User Group

9-22-17
Date

Signature - Superintendent/designee

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

Application and Agreement for Use of District Property**For Office Use Only - To be Completed by School Official**

Cost for use of District property \$ _____ Cost for school employee \$ _____ Total cost \$ _____

Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: _____

Board Action Date, if applicable _____ Board Order # _____

Review/Revised:9/29/11