Don't email to apol to lag

USE AGREEMENT

| This agreement made by and between the Boone County Board of |
|---|
| Education Kim Coilbirt as Principal authorized |
| so to act by direction of the Board of Education and NEYA BOMBERS BLACK UI |
| hereinafter referred to as "user" of the school facilities hereinafter described. |
| WITNESSETH: |
| The principal does hereby agree to permit user to utilize certain school |
| facilities more particularly described as follows: |
| PACCEAL PAACODIC - TCA. CCC CACHERY IN TOUR LIFTH AN ISSUES |
| BASEBALL PRACTICE - TEAM USED FACILITY IN ZOIB LITTH NO ISSUES. |
| RUBBER BALLS ARE USED AND ONLY HITTING INTO NETS. |
| at the following times and dates: EVERY WERNESONY 6 PM - 8 PM |
| at the following times and dates. Ever t weves with the first |
| FROM 12/5/2018 TO 3/27/2019 EXCEPT AS NOTED BY SCHOOL STAFF |
| |

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.

2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31. 05.32 and 10.3 which are incorporated by reference herein.

3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.

4. User is responsible for the conduct of its participants or guests.

5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

- 6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
- 7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of

| Education and the | day of the | f |
|-------------------|---|---|
| Burlino | ton Elem. SCHOOL | |
| BY: FMI | Sillut | |
| , | PRINCIPAL | |
| NYYA BOANBOLS | BLACK - UID (JOSH PABST) | |
| | USER | |
| 10754 KIMI | EPLY OR | |
| | ADDRESS | |
| UNION | ky 41091 | |
| CITY | STATE ZIP | |
| 859-640- | 3832 | |

PHONE NUMBER

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(s), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER,

Important: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and condistions of the policy certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer:

EPIC Brokers

License No. OB29370

P.O.Box 13847

Sacramento CA 95853

888-880-3602 Email: insurance@usssa.com

Insured:

United States Specialty Sports Association

5800 Stadium Parkway Melbourne, FL 32940

800-741-3014

INSURERS AFFORDING COVERAGE

Issue Date: 1/9/2018

INSURER A: National Casualty Company INSURER B: National Casualty Company

INSURER C: Nationwide Life Insurance Company

INSURER D: INSURER E:

Coverages:

This is to certify that 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. Limits shown may have been reduced by paid claims.

| INSR LTR | Type of Insurance | ADDL INSD | SUBR WVD | Policy Number | Policy Effective Date | Policy Expiration Date | Limits |
|-------------|---|--------------|-------------|------------------|-----------------------------|---|--|
| A | Commercial General Liability Occurence Basis | Y | N | KRO0000007148300 | 1/1/2018 | | Each Occurrence \$2,000,000 Damage to Rented Premises(ea occ) \$300,000 Midd Exp (any one person) \$ Excluded General Aggregate \$ None Personal and Adv Injury \$2,000,000 Products - Comp/OP Agg \$2,000,000 Participant Legal Liability \$2,000,000 |
| В | Excess Liability | Y | N | XKO0000007148400 | 1/1/2018 | 1/1/2019 | Each Ocourrence \$1,000,000 Aggregate \$1,000,000 |
| С | Participant Accident | | | SPX0000028519100 | 1/1/2018 | ., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | AD&D \$ None Primary Medical \$ None Excess Medical \$100,000 Weekly Indomnity \$ None |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule may be attached if more space is required) Coverage includes amateur play and practice in the insured sport for : NKY All-Stars BBBoys9A - [2018-8185102601224] Certificate holder shall be an additional insured but only with respect to liability caused by the negligent acts or omissions of the named insured and only with respect to losses resulting from the team / league listed and occurring between the coverage effective date listed below and the policy expiration date.*\$500.00 Deductible for excess medical

Certificate Holder:

Coverage Effective Date: 1/9/2018 1:52:00 PM

NKY All-Stars MARK PEACE

10087 TIMBERCREEK RD.

UNION KY 41091

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Certificate # USSSA-334416

Authorized Representatives: Both Jurhal