

USE AGREEMENT

This agreement made by and between the Boone County Board of Education,
Matthew L. Turner as Principal authorized so to act by direction of the Board of Education and
Kings Soccer, 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:

Kings Soccer - Use of Turf and grass field on Ryle
Campus.

Financial Agreement

\$75 hr turf

\$35 hr grass

at the following times and dates:

Turf- 5/28 6-9pm 5/30 6-9pm

Grass- 4/3 5-9pm 6/5 5-9pm 5/28 5-6pm 5/30 5-6pm

6/8 9am-5pm

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 specified by the Principal. Any violation of such 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.

Bobby Pifer - Contact

3. The reserved time/date for use by user may be cancelled 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 users name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 1 day of May 20 19



PRINCIPAL of Larry A. Ryle High School

Kevin McCarty

USER NAME / SIGNATURE

1018 Town Dr

ADDRESS

Wilder KY 41076
CITY STATE ZIP

(859) 620-6867

PHONE NUMBER

WAIVER LETTER TO INDIVIDUALS OR GROUPS THAT CONTRACT WITH THE
CHURCH/SCHOOL TO USE FACILITIES

Event:

Kings Soccer Practice

Person Scheduling:

Demler

Date/Time/Location:

See Attached

Larry A. Ryle High School is committed to provide *students, staff, and visitors* with a safe environment. We have joined a community effort to implement a Public Access Defibrillation (PAD) program in our facility. **Automated External Defibrillators (AED's) have been placed in the following locations: Support Column at the bottom of the stairs near the Lower Commons. The cabinet is alarmed but not locked and will stop sounding when the door is closed.**

We have trained staff available during regular school/business hours. However, please be advised that trained staff **MAY NOT** be available to assist in the event of an emergency. If someone is trained in CPR and the use of the AED, please feel free to utilize our defibrillator. We encourage everyone to participate in our community effort to be cardiac safe.

If a medical emergency event occurs, please be advised that to activate 911, ***you must call them yourself.*** If you use the AED, ***please contact the name of the person listed on the outside cover so that we may replace any material used on the resuscitation effort.***

We would encourage everyone to learn CPR and how to use the AED. It could be the difference between life and death. For information on classes scheduled for our area, please contact the Boone County Board of Health or the American Heart Association at 859-572-4511.

Sincerely,

Matthew Turner
Principal

Signed: Karen McCarty

Signed: _____

Groups contracting with our facility should sign and return a copy of this form that we may keep on file.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions 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 K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne, IN 46804

CONTACT
NAME: K&K Insurance Group, Inc.
PHONE (A/C, No, Ext): 800-441-3994 FAX (A/C, No): 260-459-5120
E-MAIL
ADDRESS:

www.kandkinsurance.com

Lic No. 0334819

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: National Casualty Company

11991

INSURER B: Nationwide Life Insurance Company

66869

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Kentucky Youth Soccer Association
158 Constitution Street
Lexington KY 40507

COVERAGES

CERTIFICATE NUMBER: 43614180

REVISION NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	KKO 007548200	9/1/2018	9/1/2019	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$Unaggregated PRODUCTS - COMP/OP AGG \$1000000 Abuse/Molestation \$1000000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>	KKO 007548200	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR DED RETENTION \$	<input checked="" type="checkbox"/>	XKO 007548300	9/1/2018	9/1/2019	EACH OCCURRENCE \$1000000 AGGREGATE \$1000000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident		BAX 00301679000	9/1/2018	9/1/2019	Excess Medical: \$300,000 AD&D: \$5,000 Deductible: 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Activities sanctioned by KY Youth Soccer and the recreation level activities of its member clubs and teams. Any activities of US Soccer, US Club Soccer or Super Y League are not included. The certificate holder is named as an additional insured but only with respects to the liability arising from the operations of the named insured.
This certificate is issued on behalf of Kings Hammer Soccer Club/Group Code: 108

CERTIFICATE HOLDER

CANCELLATION

Boone County Schools
8330 US Highway 42
Florence KY 41042

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

AUTHORIZED REPRESENTATIVE

Scott Lunsford