



Kenton County School District | It's about ALL kids.

Issue Paper

DATE:

June 20 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Community Use Facility contract with At The Yard Baseball Club for use of the Simon Kenton High School baseball field for various dates in July, August, and September 2022.

APPLICABLE BOARD POLICY:

05.3 Community Use of Facility

HISTORY/BACKGROUND:

At The Yard Baseball Club is a local youth organization that is requesting to use the Simon Kenton Baseball field for practices and competitions.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval to Community Use Facility contract with At The Yard Baseball Club for use of the Simon Kenton High School baseball field for various dates in July, August, and September 2022.

CONTACT PERSON:

Matt Wilhoite


Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Facility Use Contract

This agreement made by and between the Kenton County Board of Education, the school principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and AT THE YARD BASEBALL CLUB hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): ☐ profit organization ☒ non-profit organization/FEIN # 0523711

Category of user (1-5) 3 (Final determination of category is made by Superintendent/designee).

WITNESSETH:

The school principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: BASEBALL FIELD

at the following times and dates: Various dates in July, August & September 2022 subject to the following terms and conditions:

1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
2. 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.
3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
5. User is responsible for the conduct of its participants or guests.
6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

Facility Use Contract

8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. **Campuses will be cleared for school use only.**
9. 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.
10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate ✓

\$1,000,000 General Liability coverage per occurrence ✓

The Kenton County Board of Education is noted as additional insured ✓

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) TR user TR school representative

Applicable Fees:

Rental fee: <u>\$ 15</u> per hr. (min 2 hours)	Rental fee total: <u>\$ 150</u>
Custodial fee: <u>\$ 48</u> per hr. (min 2 hours)	Custodial fee total: <u>\$ 96</u>
Supervisory fee: <u>\$ 35</u> per hr. (min 2 hours)	Supervisory fee total: <u>\$ 70</u>
Equipment fee: <u>-</u>	Equipment fee total: <u>-</u>
Other fees: <u>-</u>	Other fees total: <u>\$ 316</u>

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: \$ 316

Deposit: once dates are secured, deposit will be collected

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details:

Troy Roberts may accept all responsibility for supervision and custodian work, and waive the fees if Troy sees the need.

Misc. Considerations:

Facility Use Contract

Name of School: SIMON KENTON H.S. AT THE YAMP BASEBALL CLUB
Name of Renting Organization "User"
TRAY ROBERTS
Name of "User" Representative (Print)
1830 FREEDOM TRAIL
Address
INDEPENDENCE KY 41051
City State Zip
(859) 240 4999
Phone Number
TRAY.ROBERTS@KENTON-KY.SCHOOLSG.US
E-Mail Address

If responsible individual is other than the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name

Address

Telephone Number

E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this 20TH day of JUNE, 20 22. Contracts for recurring events expire on June 30th of the school year.

T. Roberts
Signature of "User" Representative

[Signature]
Principal

Superintendent/designee

Review/Revised: 8/5/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/15/2022

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 Chappell Insurance 4335 Cox Road, Ste 4335 Glen Allen, VA, 23060		CONTACT NAME: Daryl Chappell PHONE (A/C, No. Ext): 804-733-2020 FAX (A/C, No): 804-591-1603 E-MAIL ADDRESS: support@chappellinsurance.com	
INSURED At The Yard Baseball Club 11029 Pelphry Ln Walton, KY 41094 (3) Teams in At The Yard Baseball Club group		INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide Mutual Insurance Company NAIC #: 23787 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: RPG-BB-12-000525 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 INSD	SUBR 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 <input checked="" type="checkbox"/> PLL - \$2,000,000			RPG318565-00	01/01/2022	01/01/2023	EACH OCCURRENCE	\$2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$1,000,000	
			MED EXP (Any one person)				\$	
			PERSONAL & ADV INJURY				\$2,000,000	
			GENERAL AGGREGATE				\$5,000,000	
			PRODUCTS-COMP/OP AGG				\$2,000,000	
			Participant Legal Liability				\$2,000,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION						\$	
A	PARTICIPANT ACCIDENT			RPG318565-00	01/01/2022	01/01/2023	EXCESS MEDICAL	\$100,000
		DEDUCTIBLE	\$					

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 At The Yard Baseball Club RPG-BB-12-000525. The certificate holder is named as an additional insured but only with respect to the operations of the named insured.

Coverage Effective From 12:12 AM on 06/15/2022 TO 01/01/2023

CERTIFICATE HOLDER

Kenton County Board of Education/Simon Kenton HS
1055 Eaton Drive
Ft. Wright, KY 41017

Certificate Number: RPG-BB-12-000525

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.

AUTHORIZED REPRESENTATIVE

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