email Jump 1/17/24

## **USE AGREEMENT**

This agreement made by and between the Bo	oone County Board of Education,
Tim Schlotman as Principal authorized so to act by d	rection of the Board of Education and
Kings Hammer Soccer Club , here	inafter referred to as "user" of the schoo
facilities hereinafter described.	
WITNESSETH:	
The principal does hereby agree to permit u	ser to utilize certain school facilities more
particularly described as follows:Turf field rental/u	isage for soccer games, use of restrooms at
field, and use of soccer goals, nets and corner flags.	
at the following times and dates: March 9th, 10 <sup>th</sup> 2024	9 Hrs. each daysubject to the

- 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 compiled 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.
- 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.

following terms and conditions:

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 fo	r and on b	ehalf of the	Board of Edu	acation and	l th		
user hereunto set their	hands this	16th	day of _	January	20	24		
Druhae Me	Bion			_				
Principal of Cooper Hi	gh school							
Robert B. Budde	Me	7/5.	AJL					
USER NAME / SIGNA	TURE							
50 E. Rivercenter Blvd, Ste 150								
ADDRESS								
Covington	KY	4101	1					
CITY	STATE	ZIP		•				
<u>( 513 ) 535-3633</u>								
PHONE NUMBER								



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 9/1/2023

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

th	is certificate does not confer rights t	o the	e cert	ificate holder in lieu of sı	uch end	dorsement(s)	<u>.                                    </u>				_
PRO	DUCER				CONTAC NAME:	CT					
LIC	#40558248				PHONE						
Pla	yer's Health Cover USA Inc.				(A/C, No, Ext): 612-345-9683   (A/C, No):  E-MAIL ADDRESS: certificates@playershealth.com						
	3 Washington Ave North #402										NAIC#
	nneapolis			MN 55401	INSLIDE			ance Company			10120
	RED							rance Company			16691
	Kentucky Youth Soccer Asso	ciatio	on		INSURE		inencan mau	tance Company			10091
	158 Constitution Street	Ciall	J.,								
	100 Constitution Street		·		INSURE		<del></del>		<del></del>		
	Lovington			KV 40507	INSURE		<u>-</u>		_		
<u></u>	Lexington VERAGES CER	TIE	CATE	KY 40507	INSURE	RF:		DEVICION NU	MDED: 4	,	
	HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 73979	/F REE	N ISSUED TO		REVISION NUI		E DOI	ICY DEDIOD
	IDICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY							HEREIN IS SU	BJECT TO	ALL 1	THE TERMS,
	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		· · · · · · · · · · · · · · · · · · ·
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	urrence)	<b>\$ 100</b>	,000
											CLUDED
Α		Υ		SI8ML03089-231		9/1/2023	9/1/2024	PERSONAL & ADV	INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	SATE	\$ 5,0	00,000
	POLICY PROJECT LOC							PRODUCTS - COM		\$ 1,00	00,000
	OTHER:		į					PARTICIPANT LEG/		\$ 1,0	00,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$ 1,0	00,000
	ANY AUTO	ANY AUTO						BODILY INJURY (P	er person)	\$	
Α	OWNED SCHEDULED AUTOS			SI8ML03089-231		9/1/2023	9/1/2024	BODILY INJURY (P	er accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
								1, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$		s 5.0	00,000
Α	X EXCESS LIAB CLAIMS-MADE			SI8EX02134-231	9/1/2023	9/1/2023	9/1/2024				00,000
	DED RETENTIONS 0									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH-	<u> </u>	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		s	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A									
	If yes, describe under DESCRIPTION OF OPERATIONS below		1					E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$		s	
	DESCRIPTION OF OFERATIONS DELOW							E.L. DISEASE - PO	LIC1 LIVIII	<b>.</b>	
В	Accident Medical			E880183-01		9/1/2023	9/1/2024	PER INJURY	LIMIT	\$ 30	00.000
_	r tooloont Woodoo.			2000100-01		3/1/2023	3/1/2024			-	•
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES //	CORD	101. Additional Remarks Schedu	le, may be	a stached if more	enace le reculr	nd)			
_	tificate issued for sanctioned acticivities						opaco io roquii.	,			
	rtificate Holder is Additional Insured as re				icv end	orsement EC	G 20 600 05	09. This certifica	ite is issue	d on b	ehalf of:
	gs Hammer Soccer Club, LLC	•	•		•						
	gs Hammer Soccer Programming										
ACRITICATE MAI DED											
UEI	RTIFICATE HOLDER			<del></del>	CANC	ELLATION	······································			_	
					SHO	III D ANY OF T	HE AROVE D	ESCRIBED DOLL	JES BE CA	NCELL	ED BEEODE
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Boone County Schools ACCORDANCE WITH THE POLICY PROVISIONS.					_						
	,									•	
	8330 US Highway 42				AUTHO	RIZED REPRESEN	NTATIVE	)			

Florene

KY 41042