

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 Lexington Eagles Telephone 859 613 8044
 Representative's Name Travis Sparrow
 Address 173 McCrosky Pike Harrodsburg Ky 40330
 The above organization/individual requests the use of:
 auditorium gymnasium dining room/kitchen stadium
 classroom(s) _____ other, specify _____
 Is the organization planning to use District-owned equipment? YES NO
 If yes, specify equipment _____ Operator's Name _____
 Is the organization planning to conduct sales on school premises? YES NO
 If yes, give a complete description of what is being sold and how the proceeds will be used. _____
 Building/school/facility KMS gymnasium
 Purpose Practice For travel team
 Date(s) requested Tuesdays + thursdays 7-9 Time(s) Requested 7-9

Will public be admitted? YES NO Will Rental Fee be Charged? Yes ↳ last resort
 Will advertisement(s) be used? YES NO If Level I or II No if high school
 Will admission be charged? YES NO If Level III or IV Yes or MELS
unavailable

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.

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FEE SCHEDULE

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

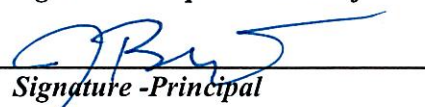
	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____ _____				
TOTAL PERSONNEL CHARGE				

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

***Fee must be paid seven (7) calendar days in advance via money order made out to Mercer County Schools and delivered to 371 E. Lexington St., Harrodsburg, KY 40330.**



 Signature - Representative of User Group



 Signature - Principal

3-15-24

 Date

3/26/24

 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.

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received _____	Balance Due \$ _____	
Board employee(s) assigned: _____		
Board Action Date, if applicable _____	Board Order # _____	

Review/Revised:6/18/2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2024

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 Rd 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 Lexington Eagles 2026 130 Prestwick Drive Georgetown, KY 40324 (1)Team Name(s): Lexington Eagles 2026 Age Group: 17U.	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: SiriusPoint America Insurance Company		38776
	INSURER B: Axis Insurance Company		37273
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: NS-BK-1S-002595 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		INSD	WVD							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PLH01GL00000693	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EACH OCCURRENCE	\$ 2,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1 mil/\$2mil						MED EXP (Any one person)	\$		
	<input checked="" type="checkbox"/> See addendum						PERSONAL & ADV. INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG	\$ 2,000,000		
	OTHER:						Participant Legal Liability	\$ 1,000,000		
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$		
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$		
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							\$		
B	PARTICIPANT ACCIDENT			SRP185328-00	01/01/2024 12:01 AM	01/01/2025 12:01 AM	EXCESS MEDICAL	\$ 100,000		
							DEDUCTIBLE	\$ 500		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The insured is covered for amateur practice and play in any association. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Page 1 of 2

Coverage Effective From 03:12 PM on 02/19/2024 TO 01/01/2025

CERTIFICATE HOLDER

CANCELLATION

Certificate Number: NS-BK-1S-002595

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

ACORD_{TM}

ADDITIONAL REMARKS SCHEDULE

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Lexington Eagles 2026 130 Prestwick Drive Georgetown, KY 40324	
POLICY NUMBER GL PLH01GL00000693			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number: NS-BK-1S-002595

SEXUAL ABUSE/MOLESTATION
\$1,000,000 PER OCCURRENCE
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

Sexual Abuse Molestation coverage effective from 03:12 PM on 02/19/2024 TO 01/01/2025

Date Issued: 03/08/2024