USE AGREEMENT

This agreement made by and between the Boone County Board of
Education, Stace Back as Principal authorized so to act by direction of the Board of Education and
so to act by direction of the Board of Education and
_KEA
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:
KESPA Respect Conference
at the following times and dates: 6 8 - 7:00 - 4:30

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.

	e user hereunto set th		day of
	,20	•	
Boone Cou	Hy High school Blach PRINCIPAL	OOL	
KEF	+ Sharron O	kendine	
	ADDRESS		
CITY	STATE	ZIP	
	HONE NUMBER		

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/15/2024

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(les) 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).

	this certificate does not confer rights	to th	e cer	rms and conditions of the tificate holder in lieu of a	ne pol uch er	cy, certain p	oolicies may s).	require an endorsement.	A sta	atement on	
PRODUCER				CONTACT WESSEL, ROBERT							
C	bia, Inc Dba Central Ins Services				NAME: WEGGLE, NOBERT FAX (A/G. No. Ext): (A/C. No);						
46	630 Taylorsville Rd										
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
L	pulsviile			KY 402203530	INSURER A: Ohlo Security Insurance Company				24082		
INS	URED		7,100		INSURER B: West American Insurance Company				44393		
K	entucky Education Association									24082	
401 Capilol Ave					INSURER D: The Ohio Casualty Insurance Company					24074	
					INSURER E:						
Frankfort KY 40601 INSURER F											
	COVERAGES CERTIFICATE NUMBER: 0194712884 PEVISION NUMBER: 2016-03										
E	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.										
LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	E TO RENTED		
122									15,0	00	
С	<u> </u>	X	X	BKS56596642		04/07/2024	04/07/2025	PERSONAL & ADVINJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	s 2,000,000		
	X POLICY PRO X LOC		1					PRODUCTS - COMP/OP AGG \$	2,00	0,000	
	OTHER:							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000		
В	ANY AUTO	x						BODILY INJURY (Per person) \$			
	X OWNED SCHEDULED AUTOS AUTOS NON-OWNED		X	X BAW56598642		04/07/2024	04/07/2025	BODILY (NJURY (Per accident) \$	unt) \$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	\$		
	X UMBRELIALIAN V							3	3		
_	EXCESS LIAB CLAIMS-MADE			2022	04/07/202			EACH OCCURRENCE \$	\$ 2,000,000		
D		×	X USO56596642	USO56596642		04/07/2024	04/07/2025	AGGREGATE S	2,000,000		
	DED X RETENTION S 0 WORKERS COMPENSATION							\$			
	AND EMPLOYERS'LIABILITY	N/A	XWS56596642				X PER OTH-	PER STATUTE ER			
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			XWS56598642	- 1	04/09/2023	04/09/2024				
	if yes, describe under DESCRIPTION OF OPERATIONS below	1					E.L. DISEASE - EA EMPLOYEE \$	~-			
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT 5	500,0	,000	
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DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Romarks Schedule	may bo	Attached If more	enace le recido	A			
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CEF	RTIFICATE HOLDER				CANC	ELLATION					
Ker	itucky Education Association										
								SCRIBED POLICIES BE CANO			
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
401 Capitol Ave											
	AND CONTROL OF AND AND CONTROL OF				AUTHORIZED REPRESENTATIVE						
Frankfort KY 40601 Curtls Luken											