email 6/12/24 T. Jump

USE AGREEMENT

This agreement made by and between the Boone County Board of Education,

Mike Wilson as Principal authorized so to act by direction of the Board of Education and

NKYFL/Union Jaguars

, 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:

Practice football field on the campus of Cooper High School

at the following times and dates:

July 15th 2024- Nov 1 2024

Monday- Thursday from 5:00 pm-8:30 pm

- 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.
- 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.

subject to the 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 for and on behalf of the Board of Education and the

User here unto set their hands this 5th day of June 2024.

Omial West										
Principal of Cooper High school										
USER NAME / SIGNATUR	RE / W	lj								
ADDRESS 206 Owl Burlington	everlook KY	41005								
CITY	STATE	ZIP								
(513) 310 6475										

PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2024

AS 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).

this certificate does not confer rights				ıch en	dorsement(s)		require an endorsem		
PRODUCER			CONTACT NAME: Shirley Alvarez						
DG Agency		PHONE (A/C, No. Ext): (513) 818-1923 FAX (A/C, No): (513) 685-9996							
3825 Edwards Rd Suite 620				E-MAIL ADDRE	ss: damian@	dgins-agenc	cy.com		
		insurer(s) Affording Coverage				NAIC#			
Cincinnati OH 45209			INSURER A: ERIE INS CO					26263	
INSURED		INSURER B:					 		
Cooper Jaguars Youth Football		INSURER C:					ļ		
206 OWL OVERLOOK		INSURER D:					ļ		
			INSURER E:						
BURLINGTON			KY 41005-6555	INSURER F:					1
COVERAGES CERTIFICATE 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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Lin	ITS	
COMMERCIAL GENERAL LIABILITY		İ					EACH OCCURRENCE	\$ 1,0	000,000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,0	000,000
							MED EXP (Any one person)	\$ 5,0	:00
A			Q61-0241492		12/01/2023	12/01/2024	PERSONAL & ADV INJURY	\$ 1,0	000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	l						GENERAL AGGREGATE	\$ 2,0	000,000
POLICY PRO-							PRODUCTS - COMP/OP AGO		000,000
OTHER:		ļ					COMPINED SINCLE LIMIT	\$	
AUTOMOBILE LIABILITY		•					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)		
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accider PROPERTY DAMAGE	4	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	-						<u></u>	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION	1						PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y/N									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYI		
DESCRIPTION OF OPERATIONS BEIOW	 						E.L. DISEASE - POLICY LIMI	+	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may t	e attached if mor	e space is requi	red)		
CERTIFICATE HOLDER		_		CANO	ELLATION				
				SHO	OULD ANY OF	I DATE TH	PESCRIBED POLICIES BE EREOF, NOTICE WILL BY PROVISIONS.		

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AUTHORIZED REPRESENTATIVE

Damian Gilchrist