## **USE AGREEMENT**

Smash House Fastpitch Softball	, hereinafter referred to as "user" of the school
facilities hereinafter described.	
WITNESSETH:	
The principal does hereby again particularly described as follows:	ree to permit user to utilize certain school facilities more Softball field on the campus of Cooper High School
at the following times and dates:  Tu subject to the following terms and co	esdays from 5:30-8:00

- 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.
- 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.

PHONE NUMBER

Michael Wilson	
Principal of Cooper High school  Drumal West	
USER NAME / SIGNATURE Craig Okch Cz A Plus	
ADDRESS 314 Parktoce Ct Cincy, Oh CITY STATE ZIP	45238
STATE ZIP	

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE(MM/DD/YYYY) 08/25/2023

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

IMPORTANT:	If the certificate	holder is an ADDI	TIONAL INSURED	), the policy(les	) must have A	<b>IDDITIONAL I</b>	NSURED prov	visions or b	e endorsed.
If SUBROGAT	ION IS WAIVED.	subject to the ten	ms and condition	s of the policy,	certain polici	es may requi	re an endorse	ement. A s	tatement on
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PRODUCER Chappell Insurance 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060	·	GONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS;	Daryl Chappell 804-733-2020 daryl@chappellinsuranc	e.com	604-591-1603	
INSURED			NAIC:	#		
Smash House Fastpitch Softball 2015 Penile Road Iouisville, KY 40272 (1)Teams in Smash House Fastpitch Softball (		INSURER A:	38776			
	•	INSURER B;	Axis Insurance Company		37273	
		INSURER C:				
	ali group	INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	RPG-SB-	-811-001328	REVISION NU	MBER:	

COVERAGES	CERTIFICATE NUMBER:	RPG-\$B-811-001328	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN	ICE 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 DOCUMEN	T WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH	e insurance afforded by t	HE POLICIES DESCRIBED HEREIN	IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIN	<u>NITS SHOWN MAY HÂVE BEEN RE</u>	DUÇED BY PAID CLAIMS.	
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1			POLICYNUMBER	POLICY EFF (MWDD/YYYY)	POLICY EXP (MWDD/YYYY)	LIMITS						
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$2,000,000					
CLAIMS-MADE X OCCUR			,		·	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000					
						MED EXP (Any one person)	\$					
			PLH01GL00000262			PERSONAL & ADV INJURY	\$1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:				12:01 AW	12:01 AW	GENERAL AGGREGATE	\$ 5,000,000					
X POLICY PROJECT LOC				] ]							PRODUCTS-COMP/OP AGG	\$2,000,000
OTHER:						Participant Legal Liability	\$1,000,000					
UMBRELLA LIAB OCCUR						EACHOCCURRENCE	\$					
						AGGREGATE	\$ 					
DED   RETENTION	-		***********	0010410000	00/04/0004		<del>                                   </del>					
DADTICIDANT ACCIDENT		AXSRPO185329-0			1	EXCESS MEDICAL	\$100,000					
1. CHARLING AMMINING				12:01 AM	12:01 AM	DEDUCTIBLE	\$ 500					
	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  OTHER:  UMBRELLA LIAB   OCCUR	TYPE OF INSURANCE INSD  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  OTHER:  UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION	TYPE OF INSURANCE INSD WVD POLICY NUMBER  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  BEN'L AGGREGATE LIMIT APPLIES PER: X FOLICY PROJECT LOC OTHER: UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION  AXSRPO186329-00	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  PLH01GL00000252 08/01/2023 12:01 AM  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  OTHER:  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION  AXSRP0185329-00 08/01/2023	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MW/DD/YYYY) (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  PLH01GL00000252 08/01/2023 08/01/2024 12:01 AM 12:01 AM  TYPE OF INSURANCE INST PROJECT LIABILITY  PLH01GL00000252 08/01/2023 08/01/2024 12:01 AM  TYPE OF INSURANCE I	TYPE OF INSURANCE INSD WVD POLICY NUMBER (IMWDD/YYYY) (IMWDD/YYYY) (IMWDD/YYYY) (IMWDD/YYYY) (IMWDD/YYYY) (IMWDD/YYYY) (IMWDD/YYYYY) (IMWDD/YYYYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYY) (IMWDD/YYYYYY) (IMWDD/YYYYY) (IMWDD/YYYYYYYY) (IMWDD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY					

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 Smash House Fastpitch Softball. Team or league listed below is a named insured under the above referenced policy. Sport Insured: Softball . Age Group: 13-15

Coverage Effective From 12:26 PM on 08/25/2023 TO 08/01/2024

CERTIFICATE HOLDER	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
Certificate Number: RPG-SB-811-001328	Scott hunberl