

**Issue Paper** 

DATE: September 16, 2024

#### **AGENDA ITEM (ACTION ITEM):**

Consider/Approve Community Use Facility contracts with Campbell County High School, Covington Catholic High School, Holy Cross High School, Highlands High School, Boone County High School, Cooper High School, Conner High School, Ryle High School, and Calvary Christian High School with Scott High School for use of the KCSD Aquatic Center during non-school hours on various dates during 2024-25 school year.

#### **APPLICABLE BOARD POLICY:**

**05.3 Community Use of Facility** 

#### **HISTORY/BACKGROUND:**

The following schools are requesting practice time for use of the swimming pool and diving wells during the 2024-25 school year. Dates, times and rental fees will be coordinated with KCSD Aquatics Director.

# FISCAL/BUDGETARY IMPACT:

None.

#### **RECOMMENDATION:**

Approval Community Use Facility contracts with Campbell County High School, Covington Catholic High School, Holy Cross High School, Highlands High School, Boone County High School, Cooper High School, Conner High School, Ryle High School, and Calvary Christian High School with Scott High School for use of the KCSD Aquatic Center during nonschool hours on various dates during 2024-25 school year.

**CONTACT PERSON:** Matt Wilhoite

Principal/Administrator

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda. Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and  $\square_{\text{Chec}} + \square_{\text{Chec}} + \square_{\text{$ 

Category of user (1-5) <u>3</u> (Final determination of category is made by Superintendent/designee). WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>Campbell Co. Dire</u>

at the following times and dates: 2024-2025 Season : subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent/designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
  - 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
  - 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) \_\_\_\_\_user \_\_\_\_school representative

#### Applicable Fees:

Rental fee: <u>\$25 per lane practice per hour/\$35 per</u> board per hour/\$200 per hour meet	Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD_
Supervisory fee: <u>\$35</u> per hr. (min 2 hours)	Supervisory fee total: TBD
Lifeguard Fee: \$13.86 per hour per guard	Lifeguard fee Total: TBD
Equipment fee: 0	Equipment fee total:0
Other fees: 0	Other fees total:0
50% of total fees to be paid as security deposit at contract si	igning: remainder to be paid within two (2)

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: TBD

Deposit:

#### Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time. A team roster must be submitted prior to the first practice.

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05.3 AP.1 (CONTINUED)

## Facility Use Contract

Name of School: Scott High School

Name of Renting Organization "User"

CAmpbell Courty 14.3h Shool Michael Floring Je - AD Name of "User" Representative (Print)

909	CAMEL	CROSSING
	Add	ress

ALEXANDUA	Ky	41001
City	State	Zip

(854) 635-4161 Phone Number

Michael. Flow north Blangbell, Kyschools . ws E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Doey SVATDA Name 3418 Cherry Tree Lowe Address (354) 816-6421 Telephone Number Joey. Svatba @ qmail.com E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this <u>814</u> day of <u>Octobe</u> 2024. Contracts for recurring events expire on June 30th of the school year.

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Signature of "User" Representative

cipa Superintendent/designee

Review/Revised:8/7/2023

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		PERSONAL & ADV INJURY	\$	1,000,00
		GENERAL AGGREGATE	5	3,000,00
		PRODUCTS - COMP/OP AGG	5	2,000,000
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ACORD 25 (2016/03)

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#### WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: \_\_\_\_\_\_\_

at the following times and dates: 2024-2025 Season : subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
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- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) (Luser school representative

#### **Applicable Fees:**

Rental fee: <u>\$25 per lane practice per hour/\$35 per</u> board per hour/\$200 per hour meet	Rental fee total: <b>_TBD</b>	
Custodial Fee: <u>\$48 per hr.</u> (min 2 hours)	Custodial fee total: TBD	
Supervisory fee: <u>\$35</u> per hr. (min 2 hours)	Supervisory fee total: TBD	
Lifeguard Fee: \$13.86 per hour per guard	Lifeguard fee Total: TBD	
Equipment fee:0	Equipment fee total:0	
Other fees:0	Other fees total:0	
50% of total fees to be paid as security deposit at contrac	t signing; remainder to be paid within two	

(2) weeks after contracted event.

Total Fees: TBD Deposit:

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time. A team roster must be submitted prior to the first practice.

05.3 AP.1 (Continued)

Name of School:	Scott High School	the second se	Covington Catholic Name of Renting Organization "Us		
		Tony Bacigalupo Name of "User" Representative (Print)			
				Print)	
		1600 Dixie Hwy			
	Addres		Address		
	Park Hills, Ky 41011				
		City	State	Zip	
	(859) 491-2247				
		Phone Number			
		tbacigalı	ipo@covcath.c	org	
		E	-Mail Address		

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name

Address

Telephone Number

E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this <u>614</u> day of <u>october</u> 20 24 . Contracts for recurring events expire on June 30th of the school year.

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Signature of "User" Representative

Principal

Superintendent/designee

Review/Revised:8/7/2023

# **Facility Use Contract**

Certificate	of	Coverage
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Certifi	ca	te	Hol	der

The Roman Catholic Diocese of Covington and Most Reverend John C. Iffert, and His Successors in Office, Chancery Office P.O. Box 15550 Covington, KY 41015

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

**Company Affording Coverage** 

THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154

**Covered Location** COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY

COVINGTON, KY 41011-0000

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability				Each Occurrence	1,000,000
				General Aggregate	2,000,000
× Occurrence	0647	10/21/00022	10/21/2024	Products-Comp/OP Agg	
Claims Made 8547	12/31/2023	12/31/2024	Personal & Adv Injury		
			Fire Damage (Any one fire)		
			Med Exp (Any one person)		
Excess Liability				Each Occurrence	
				Annual Aggregrate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregrate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language) Coverage only extends for claims arising out of the negligence of Covington Catholic High School while using Scott High School for their

swim and dive practices October 15, 2024 - March 1, 2025, as the schedule dictates.

Holder of Certificate	Cancellation	
Additional Protected Person(s) The Kenton County Board of Education	Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail $30$ days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.	
0346003414	Authorized Representative Paul a. Peteravo	

Date: 8/29/2024

#### ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of E	Endorsement 10/15/2024	Charge	Credit
Cancellation Date	of Endorsement 3/1/2025		
Certificate Holder	The Roman Catholic Discess of Cavington and Most Reve	rend John C. Iffert, and His Successors in Of	fice, Chancery Office P.O. 8ox 15550 Covington, KY 41015
Location COVING	TON CATHOLIC HIGH SCHOOL	1600 DIXIE HIGHWAY	COVINGTON, KY 41011-0000

Certificate No. 8547 of The Catholic Mutual Relief Society of America is amended as follows:

#### SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an *Additional Protected Person(s)* the organization(s) shown in the schedule below.

Schedule - ADDITIONAL PROTECTED PERSON(S)

The Kenton County Boa	ard of Education
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Remarks:

Coverage only extends for claims arising out of the negligence of Covington Catholic High School while using Scott High School for their swim and dive practices October 15, 2024 - March 1, 2025, as the schedule dictates.

However, the following limitations apply to coverage:

- 1. The maximum limits of coverage provided by Catholic Mutual Relief Society of America to the Additional Protected Person(s) named in this endorsement shall not exceed the coverage dollar amount specifically required by contract or agreement and agreed to by the Protected Person(s). In the absence of specific coverage limits within a referenced contract or agreement, the limits of liability afforded to the Additional Protected Person(s) must be listed on a separate Certificate of Coverage form attached to this endorsement. All limits of liablity extended by this endorsement are inclusive of both Section II Coverage D and Section VII coverages (if applicable).
- Unless specifically agreed to by contract or agreement, the coverage extended to the Additional Protected Person(s) by this endorsement is excess and non-contributory over any other available coverage or insurance.
- This endorsement does not apply to any Occurrence outside the specific date(s) of a facility use agreement or terms of a lease.

- This endorsement does not extend coverage to the Additional Protected Person(s) for Occurrences which cannot be attributed to primary acts or omissions of the Protected Person(s).
- 5. Provided that a premises is utilized by the Protected Person(s) in a manner consistent with its intended purpose and in accordance with the applicable contract, agreement, or lease, this endorsement does not extend coverage to the Additional Protected Person(s) for premises defects or other Occurrences which could not be discovered by the Protected Person(s) with reasonable diligence.
- The limited coverage afforded to the Additional Protected Person(s) by this endorsement only applies to the extent permissible by law and shall not apply to non-delegable duties unless specifically agreed to by contract or agreement.

This extension of coverage shall not enlarge the scope of coverage provided to the *Certificate Holder* under this Certificate nor increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the *AddItional Protected Person(s)* will not precede the effective date of this endorsement or extend beyond the cancellation date.

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and <u>HolyCrossDiveTeam</u> hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): \_\_\_\_\_ profit organization \_X\_\_\_ nonprofit organization/FEIN #  $(\partial - 15775\omega^3)$ 

**Category of user (1-5)** \_\_\_\_\_3\_ (Final determination of category is made by Superintendent/designee).

## WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: 1 d Virg board for |hr. a weekd wring Blum 5 d iVe Season at the following times and dates: 2024-2025 Season : subject to the following terms and conditions:

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- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) user school representative

## Applicable Fees:

Rental fee: <u>\$25 per lane practice per hour/\$35 per board per hour/\$200 per hour meet</u>	Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: <u>\$35</u> per hr. (min 2 hours)	Supervisory fee total: TBD
Lifeguard Fee: \$13.86 per hour per guard	Lifeguard fee Total: TBD
Equipment fee:0	Equipment fee total:0
Other fees:0	Other fees total:0

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: \_\_\_\_\_TBD\_\_\_\_\_ Deposit: \_\_\_\_\_

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time. A team roster must be submitted prior to the first practice.

1.

05.3 AP.1 (CONTINUED)

## Facility Use Contract

Name of School: Scott High School	Holy Cross District High School
x.	Name of Renting Organization "User"
	Kristina Jenny (Holy Cross Dive Coach)
	Name of "User" Representative (Print)
	3617 Church St
	Address
	Covington, KY 41015
	City State Zip
	(859) 816-7117 Phone Number
	kristina.jenny@boone.kyschools.us E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name ucch ST. Covington, Ky. 41015 1017 Address 431-1335 59 Telephone Number tropchoscov, com P E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and or behalf of the Board of Education and the user hereunto set their hands this <u>8<sup>TH</sup></u> day of <u>Octobe(</u>, 20<u>24</u>. Contracts for recurring events expire on June 30th of the school year.

600 Signature of "User" Representative Principal

Superintendent/designee

Review/Revised:8/7/2023

Page 16 of 16

# Certificate of Coverage

Date: 9/19/2024

		0010		o o i o i u Bo					
Certificate Holder The Roman Catholic Diocese of Covington and Most Reverend John C. Iffert, and His Successors in Office, Chancery Office			Most confers no	This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificat does not amend, extend or alter the coverage afforded below.					
	P.O. Box 15550 Covington, KY 41015		Company Affe	Company Affording Coverage THE CATHOLIC MUTUAL RELI SOCIETY OF AMERICA					
Cover	ed Location HOLY CROSS DISTRI 3617 CHURCH STREE								
	COVINGTON, KY 410	015-0000							
Cover	ages								
indic certi	ated, notwithstanding a	ny requirement, term o nay pertain, the covera	or condition of any o ge afforded describ	contract or other doo ed herein is subject t	amed above for the certi cument with respect to w to all the terms, exclusion	which this			
	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits				
	Property				Real & Personal Property				

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits		
Property				Real & Personal Property		
D. General Liability				Each Occurrence	1,000,000	
			12/31/2024	General Aggregate	2,000,000	
× Occurrence	05.47	12/31/2023		Products-Comp/OP Agg		
Claims Made	8547			Personal & Adv Injury		
				Fire Damage (Any one fire)		
				Med Exp (Any one person)		
Excess Liability				Each Occurrence		
				Annual Aggregrate		
Other				Each Occurrence		
				Claims Made		
				Annual Aggregrate		
				Limit/Coverage		

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims arising out of Holy Cross High School's use of Scott High School facilities for the 2024-2025 swim season. Coverage only extends for the dates and times Holy Cross High School is scheduled to use the facilities.

Holder of Certificate	Cancellation
Additional Protected Person(s) Kenton County Board of Education	Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail $30$ days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
0346003420	Authorized Representative Paul a. Peterson

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and \_Fort Thomas Independent Schools / Highlands High School\_hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): \_\_\_\_\_ profit organization \_\_\_X\_\_\_ non-profit organization/FEIN  $\#_61-6001405_$ 

Category of user (1-5) 3\_ (Final determination of category is made by Superintendent/designee).

#### WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>Swim doe proctice</u>

at the following times and dates: 2024-2025 Season : subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

# The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) \_\_\_\_\_\_ user \_\_\_\_\_ school representative

## Applicable Fees:

Rental fee: <u>\$25 per lane practice per hour/\$35 per board per hour/\$200 per hour meet</u>	Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: <u>\$35</u> per hr. (min 2 hours)	Supervisory fee total: <u>TBD</u>
board per hour/\$200 per hour meet Custodial Fee: \$48 per hr. (min 2 hours) Supervisory fee: \$35 per hr. (min 2 hours) Lifeguard Fee: \$13.86 per hour per guard Equipment fee: 0 Other fees: 0	Lifeguard fee Total: TBD
Equipment fee:0	Equipment fee total:0
Other fees:0	Other fees total:0
0% of total fees to be paid as security deposit at contract s	igning: remainder to be naid within two (

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: \_\_\_\_TBD\_\_\_\_\_ Deposit: \_\_\_\_\_

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time. A team roster must be submitted prior to the first practice.

Name of School: Scott High School

Name of Renting Organization "User"

Fort Thomas Independent Schools / Highlands High School Name of "User" Representative (Print)

28 North Fort Thomas Avenue Address

Fort Thomas KY 41075 City State Zip

(859) 781.3333 Phone Number

jerry.wissman@fortthomas.kyschools.us E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Joev Svatba Name 2400 Memorial Parkway Address 859.816.6421 **Telephone Number** joey.svatba@gmail.com E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this  $\underline{\$}$  day of  $\underline{\circ}$ , 20 24 . Contracts for recurring events expire on June 30th of the school year.

Jerry Wissman Signature of "User" Representative

Principal

Superintendent/designee

Review/Revised:8/7/2023

						F	ORTTHO-01		LBAKE
AC	CORD	CEI	RT	<b>IFICATE OF LIA</b>	<b>BILITY IN</b>	SURAN	CE		TE (MWDD/YYYY) 7/12/2024
CER	CERTIFICATE IS ISSUED AS TIFICATE DOES NOT AFFIRMA OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	TIVEL	Y C	R NEGATIVELY AMEND, E DOES NOT CONSTITUT	EXTEND OR AL	TER THE C	OVERAGE AFFORDED	TE H	OLDER. THIS
IMPC	DRTANT: If the certificate hold JBROGATION IS WAIVED, subjective conferminghts	er is a ect to	n A the	DDITIONAL INSURED, the patterns and conditions of the	ne policy, certain	policies may	NAL INSURED provisio y require an endorseme	ns or nt. A	be endorsed. statement on
PRODUC		to me		5	AME Karen N	cintosh			
Assure 100 E F	dPartners-Bellevue/Maysviile livercenter Blvd. Suite 800 ton, KY 41011				HONE A/C, No, Ext): (859)				581-1008
Coving	ton, KY 41011			1			on@assuredpartners. RDING COVERAGE	com	
					NSURER A : Bluegr				NAIC #
NSURED					SURER B : Clearpa				16273
	Fort Thomas Independent				SURER C :				
	28 North Ft. Thomas Ave Ft. Thomas, KY 41075				SURER D :	-			
				-	SURER E :				
OVEF	AGES CEF	TIFIC	CAT	E NUMBER:	WALK Fi		<b>REVISION NUMBER:</b>		1
THIS	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY	REQUI	REM	ENT, TERM OR CONDITION	OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPI	ECT TO	WHICH THIS
EXCLU	USIONS AND CONDITIONS OF SUCH	POLIC	CIES	LIMITS SHOWN MAY HAVE BE	EEN REDUCED BY	PAID CLAIMS			
	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/////)	LIMN	T	1,000,00
AX	COMMERCIAL GENERAL LIABILITY	x		BGR024-001-011	7/1/2024	7/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,00
		^			TT TIBULT	11 112020	MED EXP (Any one person)	5	15,00
							PERSONAL & ADV INJURY	5	1,000,00
GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	5	3,000,00
	POLICY JECT X LOC						PRODUCTS - COMP/OP AGG	5	2,000,00
AUT	OTHER:						COMBINED SINGLE LIMIT	\$ \$	2,000,00
X	ANY ALTO			BGR024-001-011	7/1/2024	1/2024 7/1/2025	BODILY INJURY (Par person)	5	
X	OWNED AUTOS ONLY HIRES AUTOS ONLY X AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
Ê	AUTOS ONLY AUTOS ONLY						(Per accident)	5	
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,00
	EXCESS LIAB CLAIMS-MADE			BGR024-001-011	7/1/2024	7/1/2025	AGGREGATE	\$	5,000,00
	DED X RETENTIONS 10,000		-				X PER OTH-	\$	
AND	KERS COMPENSATION EMPLOYERS' LIABILITY		- 0	WC11048565	7/1/2024	7/1/2025	EL. EACH ACCIDENT	5	1,000,000
OFFI	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
If yes, DESC	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5	1,000,000
Sch	ool Leaders E&O			BGR024-001-011	7/1/2024	7/1/2025	Limit		1,000,000
SCRIPTI nton C	ON OF OPERATIONS / LOCATIONS / VEHICL ounty School District is named as	.es (Ad Addit)	onal	101, Additional Remarks Schedule, r Insured in regards to Genera	nay be attached if more al Liability as per	space is require written contr	ed) act.		
escRIPTI enton C	on of operations / Locations / Vehicl ounty School District is named as	ES (AC	onal	101, Additional Remarks Schedule, r Insured in regards to Gener:	nay be attached if more al Liability as per	e space is requir written contr	<sup>ed)</sup> act.		
EDTICI					ANCELLATION				
SIX ( IF ]	CATE HOLDER				NOVELLATION				
	Konton County School Distri	ct			THE EXPIRATION	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	Kenton County School Distri 1055 Eaton Drive				ACCORDANCE MI	IT ING FOOD			
					THORIZED REPRESEN				
	1055 Eaton Drive						11.1		

The ACORD name and logo are registered marks of ACORD

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and

Boone County School Board hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): \_\_\_\_\_ profit organization \_\_\_\_\_ non-profit organization/FEIN #

Category of user (1-5) \_\_3\_ (Final determination of category is made by Superintendent/designee).

#### WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>1 diving board for 1 hour a week during the swim & dive season</u> the following times and dates: <u>2024-2025 Season</u> : subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) \_\_\_\_\_user \_\_\_\_school representative

#### Applicable Fees:

Rental fee: <u>\$25 per lane practice per hour/\$35 per</u> board per hour/\$200 per hour meet	Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: <u>\$35</u> per hr. (min 2 hours)	Supervisory fee total: <u>TBD</u>
Lifeguard Fee: \$13.86 per hour per guard	Lifeguard fee Total: TBD
Equipment fee:0	Equipment fee total:0
Other fees:0	Other fees total:0

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: \_\_\_\_\_TBD\_\_\_\_\_

Deposit: \_\_\_\_\_

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

 $\mathbf{e} = \mathbf{e}$ 

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time. A team roster must be submitted prior to the first practice.

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05.3 AP.1 (CONTINUED)

## **Facility Use Contract**

Name of School:	Scott High School	Boone Cou	nty Schools
		Name of Re	enting Organization "User"
			Boone District Dive Coach) epresentative (Print)
	8330 US 42		
	Add	ress	
		Florence	KY 41042
		City	State Zip
	(859) 816-7117 Phor	ne Number	
		kristina.jenny@	boone.kyschools.us
			ail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name

Address

**Telephone Number** 

E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this  $81^{++}$  day of 0c+bec20 24. Contracts for recurring events expire on June 30th of the school year.

Signature of "User" Representative

a

Principal

Sunafintendent/designee

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Review/Revised:8/7/2023

ACO	RĎ
-	•

BOONCOU-04

LBAKER

DATE (MM/DD/YYYY) 7/17/2024

## **CERTIFICATE OF LIABILITY INSURANCE**

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). CONTACT Karen McIntosh PRODUCER AssuredPartners-Bellevue/Maysville 100 E Rivercenter Blvd. Sulte 800 Covington, KY 41011 PHONE (A/C, No, Ext): (859) 581-2088 FAX (A/C, No): (859) 581-1008 E-MAIL ADDREss: certificate.covington@assuredpartners.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Bluegrass Risk Management INSURED INSURER B: Kentucky Employers Mutual Insurance 10320 **Boone County Board of Education** INSURER C :

INSURER D :

INSURER E :

8330 US Hwy 42 Florence, KY 41042

NSR	TYPE OF INSURANCE	ADDL SUBP	2		POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	inge frig				EACH OCCURRENCE	\$	5,000,000
	CLAIMS-MADE X OCCUR	x	BGR024-001-027	7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	1,000,000
						MED EXP (Any one person)	5	15,000
						PERSONAL & ADV INJURY	5	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s	5,000,000
	POLICY PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	5,000,000
A	OTHER:					COMBINED SINGLE LIMIT	\$	5,000,000
	X ANY AUTO	BGR024-001-027	BGR024-001-027	7/1/2024	7/1/2025	(Ea accident) BODILY INJURY (Per person)	\$ \$	-,,.
	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	5	
A	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		BGR024-001-027	7/1/2024	7/1/2025	AGGREGATE	\$	5,000,000
D	DED RETENTION \$					V PER OTH-	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		200077	2977 7/1/2024	7/1/2025	X PER OTH- STATUTE ER		1
li		N/A	392977			E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
i	DESCRIPTION OF OPERATIONS below			_		E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Leased/Rented Equipment - Limit \$250,000

Liberty Mutual Insurance Companies - Policy No. YU2-Z51-293088-063 - Effective 7/1/24-7/1/25

RE: Boone County High Schools (Boone Co HS, Conner HS, Cooper HS, Ryle HS) Swim & Dive Teams Meets and Practices - Oct 1, 2024-Feb 28, 2025 Kenton County Board of Education is named as Additional insured in regards to General Liability.

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.

Scott High School
5400 Old Taylor Mill Road
Taylor Mill, KY 41015

Kenton County Board of Education

AUTHORIZED REPRESENTATIVE to

ACORD 25 (2016/03)

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This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and \_Calvary Christian Swim Team\_hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): \_\_\_\_\_ profit organization \_\_\_\_\_ non-profit organization/FEIN  $\# \lfloor_0 \rfloor - 1321239$ 

Category of user (1-5) \_\_\_\_3\_ (Final determination of category is made by Superintendent/designee). WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: \_\_\_\_\_\_\_ swim team practice

at the following times and dates: 2024-2025 Season : subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

05.3 AP.1 (CONTINUED)

# Facility Use Contract

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. An orientation has been provided.

(Please initial) \_\_\_\_\_\_ user \_\_\_\_\_ school representative

**Applicable Fees:** 

Rental fee total:TBD
Custodial fee total: <u>TBD</u>
Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Equipment fee total:0
Other fees total:0

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: \_\_\_\_\_TBD\_\_\_\_\_ Deposit: \_\_\_\_\_

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time. A team roster must be submitted prior to the first practice.

#### SCHOOL FACILITIES

05.3 AP.1 (CONTINUED)

## Facility Use Contract

Name of School: Scott High School Calva

Calvary Christian Swim Team

Name of Renting Organization "User"

Jeff Heyob Name of "User" Representative (Print)

5955 Taylor Mill Road Address

Taylor Mill Ky. 41015CityStateZip

(859)\_363-9201 Phone Number

Jeff.heyob@ccsky.org E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name

Address

Telephone Number

E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this  $30^{-12}$  day of 0c,  $20^{-24}$ . Contracts for recurring events expire on June 30th of the school year.

eff Heyob

Signature of "User" Representative

Principa

Superintendent/designee

Review/Revised:8/7/2023



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

ſ

CERTIFICATE OF LIADILITY INSURANCE									08/28/2024		
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 CONTACT Patty Prather											
C	ornerstone Insurance LLC				PHONE (859) 586-8580 FAX (859) 586-8616 (A/C, No): (859) 586-8616						
59	15 Centennial Circle				ADDRESS: patty@cornerstoneinsllc.com						
					INSURER(S) AFFORDING COVERAGE						
Flo	prence			KY 41042	INSURER A: Selective Insurance Company of America				12572		
INS	URED				INSURER B: Clearpath Insurance Company				16273		
CALVARY BAPTIST CHURCH OF COVINGTON, KY INC CALVARY					INSURER C :						
3711 TIBBATTS ST					INSURER D :						
					INSURER E :						
	COVINGTON			KY 41015-1455	INSURER F :						
-		_	_	NUMBER: 24/25	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.											
INSF	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI				
							EACH OCCURRENCE	\$ 1,00	0,000		
	CLAIMS-MADE CCUR						PREMISES (Es occurrence)	\$ 500,000			
							MED EXP (Any one person)	\$ 15,000			
Α				S 2644902	03/01/2024	03/01/2025	PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000				
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000			
	OTHER:							\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)	\$			
Α	OWNED SCHEDULED S 2644902			03/01/2024	03/01/2025	BODILY INJURY (Per accident)	) S				
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	5				
								\$			
	X UMBRELLA LIAB X OCCUR				03/01/2024	03/01/2025	EACH OCCURRENCE	\$ 7,000			
Α	EXCESS LIAB CLAIMS-MADE			S 2644902			AGGREGATE	\$ 7,000,000			
_	DED RETENTION \$ 0							\$			
	AND FHOLOVEDS'LIAGH ITY	Y PROPRIETOR/PARTNER/EXECUTIVE N/A WC10993408					X PER OTH- STATUTE ER	1.000			
в	ANY PROPRIETOR/PARTNER/EXECUTIVE			03/01/2024	03/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000 \$ 1,000,000				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE . EA EMPLOYEE					
_	DESCRIPTION OF OPERATIONS below	_					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
DEPT	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	B /AC		11. Additional Pemarke Schedule .	ney he attached If more en	aco is mauled)					
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CER	TIFICATE HOLDER			the second s	CANCELLATION			-			
JEN.				1							
Scott High School					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
5400 Old Taylor Mill Rd. AUTHORIZED REPRESENTATIVE											
				VOV AADAE			17.17				
	Taylor Mill KY 41015										
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