



Kenton County School District | *It's about ALL kids.*

# Issue Paper

**DATE:**

October 15, 2024

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve Community Use Facility contract with Blaze Basketball and Futsal for use of the Ft. Wright Elementary gymnasium on various dates during non-school time for the 2024-25 school year.

**APPLICABLE BOARD POLICY:**

05.3 Community Use of Facility

**HISTORY/BACKGROUND:**

The Blaze Basketball and Futsal team is a local youth organization that is requesting to use the Ft. Wright gymnasium for basketball and futsal practices.

**FISCAL/BUDGETARY IMPACT:**

None

**RECOMMENDATION:**

Approval Community Use Facility contract with Blaze Basketball and Futsal for use of the Ft. Wright Elementary gymnasium on various dates during non-school time for the 2024-25 school year.

**CONTACT PERSON:**

Matt Wilhoite

A handwritten signature in black ink, appearing to read 'Wilhoite', written over a horizontal line.

Principal/Administrator

A handwritten signature in black ink, appearing to read 'Kara Hargis', written over a horizontal line.

District Administrator

A handwritten signature in blue ink, appearing to read 'John Smith', written over a horizontal line.

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.*

**Facility Use Contract**

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 Blaze Basketball / Futsal 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: Ft. Wright Elementary - gymnasium

Dates + times subject to change for school events  
at the following times and dates: T+TH 6-8:30pm during 2024-25 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 KCSO 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.

**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) MSJ per AF school representative

- per email

**Applicable Fees:**

Rental fee: <u>0</u>	per hr. (min 2 hours)	Rental fee total: <u>0</u>
Custodial fee: <u>0</u>	per hr. (min 2 hours)	Custodial fee total: <u>0</u>
Supervisory fee: <u>0</u>	per hr. (min 2 hours)	Supervisory fee total: <u>0</u>
Equipment fee: <u>0</u>		Equipment fee total: <u>0</u>
Other fees: <u>0</u>		Other fees total: <u>0</u>

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: 0 Deposit: N/A

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

**Supervision/Custodial Support Details:**

The night custodian will cover these roles.

**Misc. Considerations:**

**Facility Use Contract**

Name of School: Ft. Wright Blaze Basketball + StrikeForce Futsal  
Name of Renting Organization "User"  
Adam Greber  
Name of "User" Representative (Print)  
218 Beechwood Rd.  
Address  
Ft. Mitchell KY 41017  
City State Zip  
(513) 515-4714  
Phone Number  
adamwgreber@yahoo.com  
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.

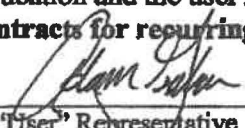
\_\_\_\_\_  
Name

\_\_\_\_\_  
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 4<sup>th</sup> day of November, 2024. Contracts for recurring events expire on June 30th of the school year.

  
Signature of "User" Representative

  
Principal

\_\_\_\_\_  
Superintendent/designee

Review/Revised: 8/7/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/06/2024

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 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**  
SADLER & COMPANY, INC.  
P.O. BOX 5866  
COLUMBIA, SOUTH CAROLINA 29250-5866

**CONTACT NAME:** Sports Dept

**PHONE (A/C, No. Ext):** 800-622-7370 | **FAX (A/C, No):** 803-256-4017

**E-MAIL ADDRESS:** soda@sadlersports.com

**PRODUCER CUSTOMER ID#:**

**INSURED**  
D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION  
Blaze Basketball  
218 Beechwood Rd.  
Fort Mitchell, KY 41017  
Club #: C.99808

## INSURER(S) AFFORDING COVERAGE

NAIC #

**INSURER A:** State National Insurance Company

12831

**INSURER B:** SeriousPoint America Company

38776

**INSURER C:**

**INSURER D:**

## COVERAGES

## CERTIFICATE NUMBER

## 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.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		OVE-0000287-01	07:44AM ET 09/06/2024	12:01AM ET 09/06/2025	EACH OCCURRENCE \$5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MEDICAL EXPENSES (other than participants) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$5,000,000
							PRODUCTS- COMP/ OP AGG \$1,000,000
							LEGAL LIAB TO PARTICIPANTS \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON- OWNED AUTOS			n/a	n/a	n/a	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000
							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> SEXUAL ABUSE / MOLESTATION			n/a	n/a	n/a	EACH OCCURRENCE \$1,000,000
							AGGREGATE \$2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			n/a	n/a	n/a	EACH OCCURRENCE \$3,000,000
							AGGREGATE \$3,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE
							<input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT
							E.L. DISEASE - EA EOMLOYEE
B	<b>PARTICIPANT ACCIDENT</b>			PHSA-BAMH-10089-23-C.99808	07:44AM ET 09/06/2024	12:01AM ET 09/06/2025	E.L. DISEASE - POLICY LIMIT
							EXCESS MEDICAL \$100,000
							AD&D \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**RE: COVERED** Team(s) - Youth - Accident & General Liability  
Basketball - 1 Team(s) - [Maximum 18 players per team]

Team Names:

- **Basketball Teams:** Blaze Basketball

(Accident Package Youth Team: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$250 per claim deductible)  
(General Liability Package Youth Team: \$5,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000 Neurodegenerative Sublimit; Waiver/ Release Required)

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

## CERTIFICATE HOLDER

**RELATIONSHIP:**  
Property Owner/ Lessor

Kenton County School District  
1065 Eaton Drive  
Ft. Wright, KY 41017

## 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 (company A)





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D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION  
Strike Force Futsal Team  
218 Beechwood Rd.  
Fort Mitchell, KY 41017  
Club #: C.100249

## INSURER(S) AFFORDING COVERAGE

NAIC #

**INSURER A:** State National Insurance Company 12831  
**INSURER B:** SeriousPoint America Company 38778  
**INSURER C:**  
**INSURER D:**

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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			n/a	n/a	n/a	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
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B	<b>PARTICIPANT ACCIDENT</b>			PHSA-BAMH-10089-23-C.100249	05:43AM ET 09/20/2024	12:01AM ET 09/20/2025	EXCESS MEDICAL \$100,000 AD&D \$10,000

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Property Owner/ Lessor

Kenton County School District  
1055 Eaton Drive  
Ft. Wright, KY 41017

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AUTHORIZED REPRESENTATIVE (company A)