

DATE:

October 21, 2024

AGENDA ITEM (ACTION ITEM):

Consider/Approve Community Use Facility contract with Ky Select Basketball for use of the Caywood Elementary gymnasium on various days during non-school hours in November and December 2024.

APPLICABLE BOARD POLICY:

05.3 Community Use of Facility

HISTORY/BACKGROUND:

The Ky Select is a local AAU basketball team that is requesting to practice at Caywood Elementary.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval Community Use Facility contract with Ky Select Basketball for use of the Caywood Elementary gymnasium on various days during non-school hours in November and December 2024.

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.

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 Ky Select Basketball hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): _____ profit organization X non-profit organization/FEIN # 92-2909643

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: Caywood Gymnasium

at the following times and dates: November + December 2024 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.

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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: _____	per hr. (min 2 hours)	Rental fee total: _____
Custodial fee: _____	per hr. (min 2 hours)	Custodial fee total: _____
Supervisory fee: _____	per hr. (min 2 hours)	Supervisory fee total: _____
Equipment fee: _____		Equipment fee total: _____
Other fees: _____		Other fees total: _____

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: _____ **Deposit:** _____

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details:

Misc. Considerations:

Name of School: Caywood Elem.ROGER STAINFORTH / KY Select
Name of Renting Organization "User"ROGER STAINFORTH
Name of "User" Representative (Print)1587 Twinridge Way
AddressIndependence KY 41051
City State Zip(859) 653-5946
Phone Numberroger.stainforth@Kenton.Ky.schoools.us
E-Mail Address

If responsible individual is other than 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 or Superintendent/designee for and on behalf of the Board of

Education and the user hereunto set their hands this 4TH day of November, 2024.Contracts for recurring events expire on June 30th of the school year.

Signature of "User" Representative

Principal/school representative* / Superintendent/designee*

*Principal has reviewed this contract

**PRACTICE THIRD PARTY CERTIFICATE OF INSURANCE
AMATEUR ATHLETIC UNION OF THE U.S., INC.**

CERTIFICATE HOLDER Kenton County Board of Education 1055 Eaton Drive Fort Wright, KY 41017		COVERAGE DATES: 11/01/2024 - 8/31/2025				
<small>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.</small>						
PRODUCER Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030	INSURED Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 22409 Lake Buena Vista, FL 32830-1000 (407) 934-7200	MEMBER CLUB INSURED CERTIFICATE ID: 5KKYX873 CLUB CODE: W3C79E Kentucky Select 1587 Twinridge Way Independence, KY 41051				
INSURER(S) AFFORDING COVERAGE						
Company A United State Fire Insurance Company NAIC# 21113 Company B Everest National Insurance Company NAIC # 10120 Company C HDI Global Specialty SE NAIC# AA-1340041		*For box below, INSR LTR refers to Company A, B, or C.				
COVERAGES - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES	LIMITS
A	Participant Accident	US1182730	9/01/2024 12:01 AM.	9/01/2025 12:01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	SI8EX00142-241	9/01/2024 12:01 AM.	9/01/2025 12:01 AM.	Each Occurrence Policy Aggregate	3,000,000 3,000,000
C	Excess Liability	18HX3007	9/01/2024 12:01 AM.	9/01/2025 12:01 AM.	Each Occurrence Policy Aggregate	2,000,000 2,000,000
B	General Liability	SI8ML00176-241	9/01/2024 12:01 AM.	9/01/2025 12:01 AM.	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to You Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 20,000,000 5,000 1,000,000 3,000,000
ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS Coverage applies to Kentucky Select, License # 5KKYX873 Practice, Kentucky Select from 11/01/2024 through 08/31/2025, for the gross negligence and/or liabilities of the AAU Club(s) or registered members. For said club to have coverage, all membership requirements in the AAU must be met. Primary non-contributory applies as per attached endorsement ECG 24 520 04 02. Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 522 04 02. The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 11 04 13 applies.						
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. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. REVOCATION OF MEMBERSHIP - will result in cancellation of coverage.						
FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE. Go to www.aausports.org , Membership, Insurance, Issued Third Party Certificates, Insert member club code						



Authorized Representative

Certificate No. 20250817

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