

**Application and Agreement for Use of District Property**

**NOTE:** Please complete this form and submit it to the Superintendent/designee for approval. If the application is approved, a copy of the signed agreement will be returned to the using organization. The organization shall be kept on file at the school. An official rental contract shall be used in cases where admission is charged or the event has been designated a high-risk event by the Superintendent or Facilities Director.

Name of Sponsoring Organization/Activity Working the Puzzle for Autism, Inc. Telephone 270-402-2025  
 Representative's Name Lisa K. Nally-Martin  
 Address 179 Meadow Lane Lebanon, Ky 40033

The above organization/individual requests the use of:  
 auditorium     gymnasium     dining room     kitchen     stadium  
 classroom(s) \_\_\_\_\_  other, specify foyer

Is the organization planning to use District-owned equipment?  YES  NO  
 If yes, specify equipment \_\_\_\_\_ Operator's Name \_\_\_\_\_

Is the organization planning to conduct sales on school premises?  YES  NO  
 If yes, give a complete description of what is being sold and how the proceeds will be used. Autism awareness items, t-shirts  
 Silent auction items \_\_\_\_\_

Building/school/facility Marion County High School, Lebanon, KY (Rain Site)  
 Purpose Autism Walk

Date(s) requested April 12, 2025 Time(s) Requested 9:30a.m -1:00 pm

Will public be admitted?  YES  NO Will admission be charged?  YES  NO  
 Will advertisement(s) be used?  YES  NO Is this a high-risk activity?  YES  NO  
 (If "yes", an insurance request form must be filed ten (10) working days prior to the event.)

**When using school facilities, this organization agrees to observe the following: (Please initial after reading each section.)**

- To schedule with the Principal/designee the time(s) District property is to be used. It is understood that the Principal/designee may cancel the use of the room or building at any time such use interferes with regular school activities. LN
- To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits as specified by the District's insurance carrier for special events insurance coverage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and to indemnify and save harmless the Board from any loss or damage thereby. LN
- To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor. LN
- To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use. LN
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity. LN

**Application and Agreement for Use of District Property****FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities as follows:

- ❖ A District employee must be present at any event. Employee costs will be based on current hourly rate schedules plus all additional associated costs.
- ❖ The basic fee schedule shall be based on four (4) hours of usage.
- ❖ The person making the request must consult with the Principal/designee about the use of the facility beyond four (4) hours.
- ❖ The regular rental rate for the use of the Cafeteria (this does not include access to the kitchen), auditorium, gym, or up to four (4) classrooms at each school shall be \$75.00 for up to four (4) hours. Each additional hour will be at a rate of \$25.00 per hour.
- ❖ The regular rental rate for the use of the cafeteria and kitchen, or up to eight (8) classrooms shall be \$125.00 for up to four (4) hours. Each additional hour will be at a rate of \$40.00 per hour.
- ❖ The regular rental rate for the use of the gymnasium, cafeteria and kitchen shall be \$200.00 for up to four (4) hours. Each additional hour shall be at a rate of \$60.00 per hour.
- ❖ Payment for the use of District property shall be made in full in advance of any use. Failure to pay the billed amount in full shall disqualify any person or group from future use of any facility in the District.
- ❖ Under no circumstances will the school/District accept any responsibility for the actions of anyone at an event where facilities have been rented under this agreement.

School groups and school-related groups (list included in 05.3 AP.1) may use the facilities at no charge provided arrangements are made with the Principal to properly clean the facilities after the event. (A District employee must be present at any event by either school groups or school-related groups.) Should an event by either group require custodian or food-service employees, those individuals must be compensated for their time at the rate approved for any other work. The Principal may employ individuals to clean the building if it is left unclean and charge the group for said cleaning.

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	# of Employees Required	# of Hours	Hourly Rate (Including overtime & associated costs)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____				
<b>TOTAL PERSONNEL CHARGE</b>				

Property Used	Facility/ Equipment Fee			Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ school				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number(s) _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

  
 \_\_\_\_\_  
 Signature - Representative of User Group

2/10/2025  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature - Superintendent/designee

\_\_\_\_\_  
 Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

**For Office Use Only - To be Completed by School Official**

Cost for use of District property \$ _____	Cost for school employee \$ _____	Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received _____	Balance Due \$ _____	
Board employee(s) assigned: _____		
Board Action Date, if applicable _____	Board Order # _____	



WORKTH-S02

CRIGDON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/7/2025

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).

<b>PRODUCER</b> Houchens Insurance Group 410 Ring Road Elizabethtown, KY 42701	<b>CONTACT NAME:</b> Chandler Rigdon	
	<b>PHONE (A/C, No, Ext):</b> (270) 982-9258 1281	<b>FAX (A/C, No):</b> (270) 843-8808
<b>E-MAIL ADDRESS:</b> crigdon@higusa.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> West Bend Insurance Company		15350
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**

Working the Puzzle for Autism Inc  
 179 Meadow Lane  
 Lebanon, KY 40033

**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.

INSR LTR	TYPE OF INSURANCE	ADL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		A060335	7/14/2024	7/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<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	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Marion County Board of Education is listed as an additional insured regarding general liability coverage for the Autism Walk.

<b>CERTIFICATE HOLDER</b>  MARION COUNTY BOARD OF EDUCATION 755 EAST MAIN STREET LEBANON, KY 40033	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 