

USE AGREEMENT

This agreement made by and between the Boone County Board of Education,
James Brewer as Principal authorized so to act by direction of the
Board of Education and Immanuel School of Music
hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: ISM String Instruction,
at the following times and dates: August 2025-May 2026 before or after school for weekly one-hour length as scheduled by Boone County Schools(s) & ISM

2025-2026 Days & Times of Boone County Schools Participating:

- 1) Burlington, Mozart Strings; Wednesday 3:45-4:45pm, Principal: Andrew Gatewood
- 2) Conner Middle School, Beethoven Strings: Wednesday 5:00-6:00 pm: James Brewer
- 3) Erpenbeck, Mozart Strings: Monday 3:45-4:40pm, Principal: Kim Simpson
- 4) Goodridge, Mozart Strings: Tuesday 3:45-4:45pm, Principal: Jennifer Patrick
- 5) Longbranch, Class: Thursday 7:30-8:30am, Principal: Stephanie Stambaugh
- 6) Mann, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Connie Crigger
- 7) North Pointe, Mozart Strings: Thursday 3:45-4:45pm, Principal: Kelly Smith
- 8) Steeplechase, Mozart Strings: Thursday 3:40-4:40pm, Principal: Lisa Reising
- 9) Thornwilde, Mozart Strings: Tuesday 7:30-8:30am, Principal: David Fuller
- 10) Yealey, Mozart Strings: Tuesday 3:45-4:45 pm, Principal: Renee Turner

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this day of:

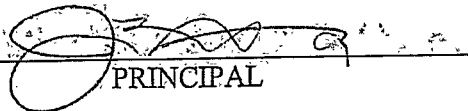
March / 3rd / 2025

Boone County Schools Participating in ISM Strings Programs 2025-2026

- 1) Burlington, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Andrew Gatewood
- 2) Conner Middle School, Beethoven Strings: Wednesday 5:00-6:00 pm: James Brewer
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CMS SCHOOL

BY:


PRINCIPAL

Julie Geiman, Education Director (Immanuel School of Music)/
USER/SIGNATURE

Julie Geiman

2551 Dixie Highway
ADDRESS

Lakeside Park, Kentucky 41017
CITY STATE ZIP

859.341.5330
PHONE NUMBER (Immanuel School of Music)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/13/2024

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 AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME: JASON W SLUSS PHONE (A/C, No, Ext): (865) 922-3111 FAX (A/C, No): E-MAIL ADDRESS: JASON@BOBJOHNSONINS.COM														
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKESIDE PARK KY 41017 (859) 341-5330	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr><tr><td>INSURER A: BROTHERHOOD MUTUAL INS CO</td><td>13528</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: BROTHERHOOD MUTUAL INS CO	13528	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES	JL	CERTIFICATE NUMBER: CERT ID 1619 (2)	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	ADDL SUBR INSD 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:	Y	16MRA0525404	06/04/2023	06/04/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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)
FOR MOZARTS STRINGS FOR THE 2024-2025 SCHOOL YEAR.

CERTIFICATE HOLDER ERPENBECK ELEMENTARY SCHOOL 9001 WETHERINGTON BLVD FLORENCE KY 41042	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
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