

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity <u>Berea Horsemen / BYLF</u> Telephone <u>859-362-7951</u>	
Representative's Name <u>Derek Baird</u>	
Address <u>103 Byron Ave Beren KY 40403</u>	
The above organization/individual requests the use of:	
☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium ☐ classroom(s) ☒ other, specify <u>Football Field</u>	
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. _____	
<u>Pop. Water, Small Snacks</u>	
Building/school/facility <u>BEHS</u>	
Purpose <u>Football Games for Youth Level in Beren</u>	
Date(s) requested <u>Aug-Nov. Saturday only</u>	Time(s) Requested <u>11:00-3:00</u>
Will public be admitted? ☒ YES ☐ NO	
Will advertisement(s) be used? ☒ YES ☐ NO	
Will admission be charged? ☒ YES ☐ NO	

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. 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 of \$1,000,000 for bodily injury and \$10,000 for property damage. 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 that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. 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.
4. To abide by the requirements of Board policies 65.3 and 65.31 (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.

05.31 AP.21
(CONTINUED)

FOR OFFICE USE ONLY

Date: / /

Name of custodian/food service personnel _____

Time reported to work _____ Time reported off work _____

Comments _____

Treasurers Office:	Facility Fee	\$ _____
	Labor Fee	_____
	____ hrs. x \$ _____ rate	\$ _____
	Damage	\$ _____
	TOTAL COST	\$ _____
	Deposit	\$ _____
	Total Due	\$ _____

All fees should be sent to the Treasurer, Berea Community School, 3 Pirate Parkway, Berea, Kentucky 40403.

W. K. Bil

Signature - Representative of User Group

Signature - Representative of

Signature - Superintendent/designee

4-15-25

Date _____

4/22/25

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.

Review/Revised: 5/20/2024

American Youth Football / American Youth Cheer Online Application**Verification of Coverage**

Application Receipt Date / Time: 02/10/2025 04:50:56 PM - entered by Customer

I. GENERAL INFORMATION

Application ID: 442892

Application Status: Complete

Sports Organization Name: Berea Horsemen/ BYLF

Type of Organization: team

Form of Business: For Profit

Name of Association: Horsemen

Name of Conference: BYLF

I understand that if applying as a multi team Association and/ or Conference, General Liability coverage for my Association and/ or Conference as an entity, and respective directors and officers, may be voided unless insurance is reported and paid on behalf of ALL teams under such Association and/ or Conference, whether they will participate in regional or national championships or not. Also, if applying as a conference, I will submit a list of all Association names as a part of this enrollment. DB

Legal Name of All Member Associations:

Client type: new

Contact's Name: Derek Baird

Primary Location Address: 103 Bryon Ave, Berea, Kentucky 40403

Address 2: 103 Bryon Ave, Berea, Kentucky 40403

City: Berea

State: KY

County:

Postal / Zip Code: 40403

Primary Phone: (859) 302-7937

Email Address: derekbaird186@gmail.com

Website:

Alternate Contact Name:

Alternate Phone:

Alternate Email:

If renewing, which type of communication that you received best prompted you to renew your coverage:

Do your Facility Owners Require a Certificate Of Insurance? Yes

Have you ever had a sexual abuse / molestation claim? No

If yes, please provide details on the approximate date the claim was reported to the insurance carrier, the approximate amount paid by the insurance carrier for expenses/ settlement/ jury verdict, a brief description of the circumstances of the claim, and what steps have been taken to reduce the chances of another similar claim: No

Have you had a General Liability claim of any type greater than \$25,000 over the past three years? No

If yes, please provide details on the approximate date the claim was reported to the insurance carrier, the approximate amount paid by the insurance carrier for expenses/ settlement/ jury verdict, a brief description of the circumstances of the claim, and what steps have been taken to reduce the chances of another similar claim: No

Total number of football players in organization: 35

Total number of cheerleaders in organization: 0

I understand that I must purchase membership through AYF for all teams and squads for which I have purchased insurance. DB

I understand that if additional teams are formed, that I will report and pay additional charges to both AYF and Sadler Sports Insurance under Add/ Delete form. DB

Online Agreement and Warranty Statement accepted? Yes

II. MEDICAL EXPENSE / GENERAL LIABILITY INSURANCE

Zurich American Insurance Company

Accident Policy Number ZPX0000556385901

State National Insurance Company

General Policy Number OVE-0001261-00

State National Insurance Company

Non- Owned / Hired Auto Liability OVE-0001261-00

Effective Date 04:50PM ET 02/10/2025

Expiration Date 04:50PM ET 02/10/2026

Limits	\$100,000 Accident / \$1,000,000 General Liability
Accident Insurance Deductible	\$500
Accident Insurance Plan	Full Excess

Team Selection

I understand, when calculating the number of teams within the organization, I MUST purchase coverage for every team in each age division within the organization. Intentional under reporting may void coverage and prevent claims from being paid. A single team may not exceed 36 players. The # of teams/ squads reported will be cross- referenced with AYF membership registrations and with your websites: DB

EXAMPLES (for your reference, but apply to your own situation)**CONFERENCE** - If you have 5 Associations with 5 teams within each association = 25 teams to be reported.**ASSOCIATION** - If your association has 5 teams that are separated based on age, division, etc. and 36 or fewer players. (EX: 6/7/8, 9/10, 11/12, 13/14, Flag) = 5 teams to be reported.**TEAM** - You are only one (1) team if all of your players are in the same age, division, etc and 36 or fewer players on the team. Otherwise, you must report more than one team.

Sadler Sports: AYF Insurance Plan

Division	# of Teams	Total
Tackle Football - 7u Division	0	\$0.00 (\$248.49 per team/squad)
Tackle Football - 8u Division	0	\$0.00 (\$248.49 per team/squad)
Tackle Football - 9u Division	0	\$0.00 (\$248.49 per team/squad)
Tackle Football - 10u Division	0	\$0.00 (\$285.11 per team/squad)
Tackle Football - 11u Division	1	\$285.11 (\$285.11 per team/squad)
Tackle Football - 12u Division	0	\$0.00 (\$285.11 per team/squad)
Tackle Football - 13u Division	0	\$0.00 (\$385.60 per team/squad)
Tackle Football - 14u Division	0	\$0.00 (\$385.60 per team/squad)
Tackle Football - 15u Division	0	\$0.00 (\$385.60 per team/squad)
Tackle Football (girls) - 17u Division	0	\$0.00 (\$492.35 per team/squad)
Flag Football - Ages 5-17	0	\$0.00 (\$87.82 per team/squad)
7v7 Passing Team (ages 5-17)	0	\$0.00 (\$87.82 per team/squad)
Flag/ Touch Plus (limited contact with hands only)	0	\$0.00 (\$166.89 per team/squad)
Cheer / Dance / Step / Majorette Squads / Inspiration - Class 1 (no charge) Cheer/ Dance/ Step/ Majorette Squads Affiliated with Your Football Teams (Must Enter Squads Although No Charge) (Ages 5-18). NOTE: Only Available when purchasing football teams (Inspiration up to age 22)	0	\$0.00 (\$0.00 per team/squad)
Cheer / Dance / Step / Majorette Squads / Inspiration - Class 2 Cheer/ Dance/ Step/ Majorette Squads Affiliated with Your Football Teams that will also participate in competitions other than local league or official AYC Regional or National Championships (NOTE: Class 2 squads must also be Class 1 and show the # of squads for each. (Ages 5-18) (Inspiration up to age 22)	0	\$0.00 (\$58.33 per team/squad)
Cheer / Dance / Step Squads / Inspiration - Class 3 Cheer/ Dance/ Step Squads Not Affiliated with your football teams (Independent Cheer/ Dance/ Step Squads). (Ages 5-18) (Inspiration up to age 22)	0	\$0.00 (\$108.40 per team/squad)

Sadler Sports: AYF Insurance Plan

Inspiration Flag Football (Handicapped) - Ages 5-22 All Teams	0	\$0.00 (\$87.82 per team/ squad)
Totals		\$285.11

Limits		Charges
Option 1	\$100,000 Accident / \$1,000,000 General Liability (\$500 Accident Deductible)	\$285.11
	Additional Coverage: Directors & Officers Liability	Not Covered
	Additional Coverage: Crime	Not Covered
\$0	Additional Coverage: Equipment	Not Covered
	AYF Membership Fee (all membership fees will be paid directly to American Youth Football & Cheer)	\$40.00

TOTAL CHARGES: \$325.11

III. CERTIFICATES OF INSURANCE

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.

LIST OF PREVIOUSLY ADDED FACILITY OWNERS AND SPONSORS	Action
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IV. ADDITIONAL COVERAGES

Additional Coverages are effective only upon final underwriting and acceptance by the carrier. If effective, all Optional Coverages will expire on the same date as your general liability policy.

Directors & Officers Liability - NOT APPLIED FOR

Equipment / Crime Coverage - NOT APPLIED FOR

Summary of Declined Additional

V. POLICY PERIOD CHANGES

Sadler & Company, Inc. * P.O. Box 5866 * Columbia, SC 29250-5866
Phone: 1-800-622-7370 * Fax: (803) 256-4017 * Email: ayf@sadlersports.com