

USE AGREEMENT

This agreement made by and between the Boone County Board of Education,
Mike Wilson as Principal authorized so to act by direction of the Board of Education and
Smash Mouth Fastpitch Softball, 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: Softball field on the campus of Cooper High School

at the following times and dates: Beginning July 12th, 2025- Oct 31st, 2025
Tuesdays from 6:00-8:00 and Wednesdays 4:30-7:30
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 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.
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/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 users name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the

User here unto set their hands this 29th day of May 2025.

Michael Wesson

Principal of Cooper High school

JASON THOMPSON

USER NAME / SIGNATURE

4577 DONEGAL AVE

ADDRESS

Union Ky 41091

CITY

STATE

ZIP

(859) 414-0461

PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/15/2024

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 Chappell Insurance 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060	CONTACT NAME: Daryl Chappell		
	PHONE (A/C, No. Ext): 804-733-2020	FAX (A/C, No): 804-591-1603	
INSURED Smash House Fastpitch Softball 2015 Penile Road Louisville, KY 40272 (2) Teams in Smash House Fastpitch Softball group	E-MAIL ADDRESS: support@chappellinsurance.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: SiriusPoint America Insurance Company		38776
	INSURER B: Axis Insurance Company		37273
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: **NS-SB-810-001362** 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.

EXCLUSIONS AND CONDITIONS OF COBERT COBERT: LIMITS SHOWN WITHIN TABLE											
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY					PLH01GL00001951	08/01/2024 12:01 AM	08/01/2025 12:01 AM	EACH OCCURRENCE	\$ 2,000,000
			CLAIMS-MADE	X	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000	
					MED EXP (Any one person)	\$					
					PERSONAL & ADV. INJURY	\$ 1,000,000					
					GENERAL AGGREGATE	\$ 5,000,000					
					PRODUCTS-COMP/OP AGG	\$ 2,000,000					
					Participant Legal Liability	\$ 1,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:									
	X	POLICY		PROJECT		LOC					
		OTHER:									
		UMBRELLA LIAB			OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB			CLAIMS-MADE					AGGREGATE	\$
											\$
		DED		RETENTION							
B		PARTICIPANT ACCIDENT					SRPO187021-00	08/01/2024 12:01 AM	08/01/2025 12:01 AM	EXCESS MEDICAL	\$ 100,000
										DEDUCTIBLE	\$ 500

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

Coverage includes amateur play and practice in the insured sport for Smash House Fastpitch Softball. Team or league listed below is a named insured under the above referenced policy. Sport Insured: Softball. Age Group: 12 & Under.

Coverage Effective From 06:31 PM on 08/15/2024 TO 08/01/2025

CERTIFICATE HOLDER

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

Certificate Number: NS-SB-810-001362

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ACORD 25 (2016/03)

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Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.