

Laura Stone PT, PSC

9409 Chanteclair Drive
Prospect, KY 40059
(502)262-2009

SERVICE CONTRACT AGREEMENT

This agreement is entered into between the Professional Services Corporation known as "Laura Stone PT PSC", hereinafter referred to as the "Party of the First Part;" and the Bullitt County Board of Education, referred to as the "Party of the Second Part;" by agreement this date July 1, 2025 for the purpose of providing Physical Therapy Services.

WITNESSETH

WHEREAS, the Bullitt County school district operates for the purpose of serving handicapped children; and WHEREAS, the Party of the First Part is licensed or certified in the State of Kentucky and desires to provide services for children enrolled in the District's Area.

NOW, THEREFORE, for and in consideration of, the promises and the mutual covenants and agreements herein contained, the parties hereto agree as follows:

SERVICES

In consideration for the subject services described below, the Party of the Second Part agrees to:

- (A) Reimburse the party of the First Part upon receipt of a statement of delivered services not to exceed \$ 45,000.00 at the rate of \$ 65.00 per hour.

The Party of the First Part does hereby agree to provide the Party of the Second Part the following services between this date and June 30, 2026:

- A. (A) Supervisory and Evaluation Physical Therapy Services.

INSURANCE

During the term of this agreement, the Party of the First Part shall maintain professional liability insurance and will provide a certificate of same to the Party of the Second Part.

ENTIRE AGREEMENT

The District shall not be liable for damage to Party of the First Part's vehicle using parking facilities associated with the District, including theft, collision, fire, or any other damage to such vehicle and the District shall not be responsible for items left in such vehicle. Party of the First Part acknowledges that providing the Physical Therapy Services involves travel to schools within the District and shall indemnify the District and hold harmless from all loss, damage, liability, cost or expense incurred, suffered, or claimed by any person or entity by reason of the Party of the First Part or in connection with the travel needed to provide the Physical Therapy Services. The District requires the Party of the First Part to maintain adequate insurance during the term of the Service Contract Agreement, including for any loss or damaged incurred by the Party of the First Part arising from illness or injury suffered in the course of the travel specified in this Service Contract Agreement.

Either party shall have the right to terminate this agreement at any time upon a fourteen (14) days written notice, either personally or served by some form of return receipt mail evidencing delivery, to the other party.

This agreement contains the entire agreement of both parties hereto, and no other oral or written agreement shall be binding or obligating upon the parties hereto. This agreement supersedes all prior agreements, contracts, and understandings, whether written or otherwise, between the parties relating to the subject matter hereof.

IN WITNESS WHEREOF, Laura Stone PT, PSC and the Party of the Second Part have duly executed this agreement on the day and year just written.

WITNESS:

Laura Stone PT PSC
Party of the First Part

Date 07/14/2025

**In accordance with applicable law, I am signing this form electronically. By typing my name, I am confirming that I am the individual providing the above report and am signifying my intent to sign electronically

WITNESS:

Party of the Second Part (Superintendent, BCPS)

Date