USE AGREEMENT

_	nent made by and between the Boone Co Stacey Black	as Principal authorized
	direction of the Board of Education and	. •
hereinafter	referred to as "user" of the school facilit	ies hereinafter described.
WITNESSI		Win achael
	al does hereby agree to permit user to ut ore particularly described as follows:	ilize certain school
	ds, restrooms, soccer goals and corner flags for pra	actices, games and tournaments
at the follow	wing times and dates:	

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 V Education and	WHEREOF the pri the user hereunto s	ncipal for and or et their hands thi	behalf of the 3	Board of day of
Ju	. kn	, 20 <u>. 25</u> .		_
	Ó	-		
E	Boone County High	SCHOOL		
BY: Ha	ey-Black			
	() PRINCIPAL			
Robert B. Budde,	Kings Hammer Socce	er Club		
	OSEK			
50 E. Rivercenter			•	
	ADDRESS			
Covington	KY	41011	_	
CITY	STAT	E ZIP		
(513) 535-3633			•	
	PHONE NUMBI	ER .		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/16/2024

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.

lf th	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				CONTACT NAME:							
l	C #40558248			ł	PHONE (A/C, No	E-n. 612-34	5-9683	FAX (A/C, No):			
l .	ayer's Health Cover USA Inc.			ł	E-MAIL ADDRE	es certificate	es@playersh				
	8 Washington Ave North #402			ł	AUUKE			DING COVERAGE		NAIC#	
	nneapolis			MN 55401	INCUE			rance Company		10120	
	ineapolis JRED		-	14114 30401				ance Company	-	10120	
	Kentucky Youth Soccer Asso	olatic	n					rance Company		16691	
1	•	cialio	111				monoul mou	ranso company			
	158 Constitution Street				INSURE						
	Lovington			KY 40507	INSURER E: INSURER F:						
<u></u>	Lexington CER	TIFIC	ATF		INSUKE	nr:		REVISION NUMBER: 2			
IN C E	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 INSD	MAD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY		1					DAMAGE TO RENTED		00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)		,000	
								MED EXP (Any one person)	<u> </u>	CLUDED	
Α		Υ		SI8ML03089-241		9/1/2024	9/1/2025	7	ERSONAL & ADV INJURY \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									00,000	
1	X POLICY PRO- LOC							DA OTICIDANT LECAL LIAD		00,000	
L	OTHER:									00,000	
	AUTOMOBILE LIABILITY							(Ea accident)		00,000	
	ANY AUTO							BODILY INJURY (Per person) \$			
В	OWNED SCHEDULED AUTOS			SI8ML03089-241		9/1/2024	9/1/2025	BODILY INJURY (Per accident) \$			
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
L									\$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		00,000	
В	EXCESS LIAB CLAIMS-MADE	ADE	SI8EX02134-241			9/1/2024	9/1/2025	AGGREGATE	\$ 5,0	00,000	
L	DED RETENTION \$ 0							L DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
С	Accident Medical			E880183-02		9/1/2024	9/1/2025	PER INJURY LIMIT	\$3	00,000	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC				le, may b	e attached if more	e space is requir	ed)			
Ce	ertificate issued for sanctioned activities of	of the	state	soccer association.		_					
Ce	Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of:										
	ngs Hammer Soccer Club, LLC										
Kii	ngs Hammer Soccer Programming										
CE	RTIFICATE HOLDER				CAN	CELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS. Boone County Schools						LED BEFORE ELIVERED IN					
1					AUTUODIZED DEDDECENTATIVE						

© 1988-2015 ACORD CORPORATION. All rights reserved.

KY 41042

8330 US Highway 42

Florene