

Issue Paper

DATE:

August 17, 2025

AGENDA ITEM (ACTION ITEM):

Consider/Approve Community Use Facility contract with Northern Kentucky University, Covington Catholic High School, Boone County High School, Conner High School, Cooper High School, Ryle High School, Notre Dame Academy, St. Henry District High School, Beechwood High School, Highlands High School, and Calvary Christian High School for use of the KCSD Aquatic Center during non-school hours on various dates during 2025-26 school year.

APPLICABLE BOARD POLICY:

05.3 Community Use of Facility

HISTORY/BACKGROUND:

The following schools are requesting use to the swimming pool and diving wells for practice and competitions during the 2025-26 school year. Dates, times, and rental fees will be coordinated with the KCSD Aquatics Director.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval Community Use Facility contract with Northern Kentucky University, Covington Catholic High School, Boone County High School, Conner High School, Cooper High School, Ryle High School, Notre Dame Academy, St. Henry District High School, Beechwood High School, Highlands High School, and Calvary Christian High School for use of the KCSD Aquatic Center during non-school hours on various dates during 2025-26 school year.

CONTACT PERSON:

Matt Wilhoite

Principal/Administrator

District Administrator

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and Northern Kentucky University Swim Team hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): ___ profit organization ___ x__ non-profit organization/FEIN # 61-1010545

Category of user (1-5) _3 (Final determination of category is made by Superintendent/designee). WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>Swim Meet(s)</u>

at the following times and dates: 2025-2026 Season: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate

\$1,000,000 General Liability coverage per occurrence

An orientation has been provided.
 (Please initial) KWS / CH user

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

school representative

Applicable Fees:	
Rental fee: \$200 per hour swim meet	Rental fee total:TBD
Custodial Fee: \$45 per hr. (min 2 hours)	Custodial fee total: <u>TBD</u>
Supervisory fee: <u>\$35</u> per hr. (min 2 hours) Lifeguard Fee: <u>\$13.86 per hour per guard</u>	Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Equipment fee:0	Equipment fee total:0_
Other fees:0	Other fees total:0
50% of total fees to be paid as security deposit at c weeks after contracted event.	ontract signing; remainder to be paid within two (2)
Total Fees:TBD	Deposit:
Checks are payable to Kenton County Board of	Education

Name of School: Scott High School				
*	Name of Renting Orga Northern Kentucky Un			
	Kevin Woodhull-Smi	ith, Head C	oach	
	Chris Hafling, Associ Name of "User" Repr			
	5320 Campus Drive Address	S		
	Highland Heights City	KY State	41099 Zip	
	(<u>859</u>)572-7665		_	
	Phone I	Vumber		
	Woodhullskl@nku.ec E-Mail		ngcl@nku	.edu
If responsible individual is other than then the "Uplease identify that individual. Responsible individual.				
Kevin Woodhull-Smith (Head Coach) or C	hris Hafling (Associate A	Athletic Dire	ector)	
5320 Campus Drive / Highland Heights, K	Y 41099			
Address KWS Cell (919-218-7386) / CH Cell (859-	358-1314)			
Telephone Number KWS at woodhullsk1@nku.edu / CH at hat	Singel @nku adu			
E-Mail Address	mnger (winku.edu			
IN WITNESS WHEREOF the Principal and the Su Board of Education and the user hereunto set their 2025. Contracts for recurring events expire on	hands this 8th day of	Seple	half of the	•
Cus 4.	looks W			
Signature of "User" Representative	Sott High	School Princ	cipal	_
KCSD Super	intendent/designee			
_	3	Review/Re	vised:8/7/20	023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2025

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

INSURER A : United Educators Ins, a Reciprocal Risk Retention 100 INSURED NORTKEN-19 INSURER B : Midwest Employers Casualty Company 236	If SUBROGATION IS WAIVED, subject to the terms and conditions this certificate does not confer rights to the certificate holder in lieu	of such endorsement(s).	atement on
Arthur J. Gallagher Risk Management Services, LLC Creekside Crossing 8 Cadillac Drive, Suite 200 Brentwood TN 37027 INSURER A: United Educators Ins., a Reciprocal Risk Retention 100 INSURED INSURER B: Midwest Employers Casualty Company 236		CONTACT NAME:	
8 Cadillac Drive, Suite 200 Brentwood TN 37027 INSURER(S) AFFORDING COVERAGE INSURER a: United Educators Ins, a Reciprocal Risk Retention INSURED NORTKEN-19 INSURER B: Midwest Employers Casualty Company 236		PHONE (A/C, No, Ext): 615-244-8484 FAX (A/C, No): 615-37	7-5101
INSURER A : United Educators Ins, a Reciprocal Risk Retention 100 INSURER B : Midwest Employers Casualty Company 236	8 Cadillac Drive, Suite 200	E-MAIL ADDRESS:	
INSURED NORTKEN-19 INSURER B : Midwest Employers Casualty Company 236	3rentwood TN 37027	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER B: Mildwest Employers Casualty Company 238		INSURER A: United Educators Ins, a Reciprocal Risk Retention	10020
Mantha and Manthaglas Halsanaths	TOURED	INSURER B: Midwest Employers Casualty Company	23612
Northern Kentucky University 617 Lucas Administration Center INSURER C: The Cincinnati Insurance Company 106		INSURER C: The Cincinnati Insurance Company	10677
1 Nunn Drive INSURER D:	1 Nunn Drive	INSURER D:	
Highland Heights KY	lighland Heights KY	INSURER E:	
INSURER F:		INSURER F:	
COVERAGES CERTIFICATE NUMBER: 1875438862 REVISION NUMBER:	OVERAGES CERTIFICATE NUMBER: 1875438	862 REVISION NUMBER:	770
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH I CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMINANT OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMINANT OF THE POLICIES DESCRIBED HEREIN IS SUBJECT.	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO	TION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WOORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI	HICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDISUBER POLICY NUMBER ADDISUBRY (MM/DD/YYYY) LIMITS	SR ADDLISUBRI	POLICY EFF POLICY EXP	

X COMMERCIAL GENERAL LIABILITY 7/1/2025 7/1/2026 R5879N EACH OCCURRENCE \$1,000,000 PREMISES (Ea occurrence) CLAIMS-MADE | X OCCUR \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** \$3,000,000 X POLICY PRO-JECT LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 C AUTOMOBILE LIABILITY FBA 0688806 7/1/2025 7/1/2026 X ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED BODILY INJURY (Per accident) | \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) X \$ AUTOS ONLY \$ UMBRELLA LIAB 7/1/2025 7/1/2026 X OCCUR R5879N Α EACH OCCURRENCE \$2,000,000 X EXCESS LIAB CLAIMS-MADE AGGREGATE \$2,000,000 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 7/1/2026 X STATUTE EWC009900 7/1/2025 B ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ 1,000,000 N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 Internship and Professional Services Liability Inland Marine 7/1/2025 7/1/2025 7/1/2026 7/1/2026 \$1,000,000 R5879N Per Claim Limit Aggregate Limit Equip. Leased or Rent R5879N ENP 0688806 7/1/2026 \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General Liability: Certificate Holder is included as Additional Insured, and a Walver of Subrogation applies to the Certificate Holder, as per form #CGL 05-2025 & GLX 05-2025 pursuant to and subject to the policy's terms, definitions, conditions, and exclusions (see definition below).

Excess Liability: Certificate Holder is shown as an Additional Insured, and a Waiver of Subrogation applies to the Certificate Holder, as per form #CGL 05-2025 & GLX 05-2025, pursuant to and subject to the policy's terms, definitions, conditions, and exclusions (see definitions below).

- Additional Insured: Insured Means: any person or organization to whom any Included Entity is obligated by virtue of a contract or agreement to provide liability See Attached...

CERTIFICATE HOLDER	CANCELLATION
Kenton County Board of Education	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1055 Eaton Drive Fort Wright KY 41017	AUTHORIZED REPRESENTATIVE

This agreement made by and between the Kenton County Board of Education, the school Principal,
and the Superintendent/designee authorized so to act by direction of the Board of Education and
COVINGTON CATHOLIC HS hereinafter referred to as "user" of the school
facilities hereinafter described. The user is a: (Check One): profit organizationX non-profit organization/FEIN # _6 - 0458380
Category of user (1-5)3_ (Final determination of category is made by Superintendent/designee).

WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>practice or meet during the swim & dive season</u> at the following times and dates: <u>2025-2026 Season</u>: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate

\$1,000,000 General Liability coverage per occurrence

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

12. All offentation has been provided.	
(Please initial) 78 user 34	_school representative

12 An amountation has been provided

Rental fee: <u>Practice</u> : <u>\$25 per lane per hour/\$35 per board per hour or \$200 per hour swim/dive meet</u>	er Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: \$35 per hr. (min 2 hours) Lifeguard Fee: \$13.86 per hour per guard	Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Equipment fee:0	Equipment fee total:0_
Other fees:0	Other fees total:0_
50% of total fees to be paid as security deposit at contracted event.	et signing; remainder to be paid within two (2)
Total Fees:TBDDep	posit:

Checks are payable to Kenton County Board of Education

Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays and all weekends). Lifeguards are required for all swim/dive meets. If you choose to supply your own lifeguards, you must discuss this with the Aquatics Supervisor to ensure the required number of lifeguards will be scheduled, and certifications must be presented prior to the event. The Aquatics Facility will schedule lifeguards if needed. All applicable fees will be discussed prior to rental for a swim and/or dive meet.

Applicable Fees:

Facility Use Contract

Name of School: Scott High School	COVINGTON CATHOLIC
Name of School. Scott High School	Name of Renting Organization "User"
	TONY BACIGALUPO (AD)
	Name of "User" Representative (Print)
	1600 DIXTE HAY
	Address
	and the second s
	PARK HELLS KY 4/011
	City State Zip
	(859) 491-2247 Phone Number
	TBACIGALUPO @ COVCATH. ORI
	E-Mail Address
If responsible individual is other than then the "Use please identify that individual. Responsible individual Emma Lehmkuhl Name 2473 Stonewell Trail Fort Wright, KY 41017	
Address	
(859) 912-2245	
Telephone Number lehmkuhle@ndapandas.org	
E-Mail Address	_
IN WITNESS WHEREOF the Principal and the Super Board of Education and the user hereunto set their has 20_25. Contracts for recurring events expire on J. Signature of "User" Representative	nds this day of September,
KCSD Superinte	endent/designee
	Review/Revised:8/7/2023

Date: 7/16/2025 Certificate of Coverage Certificate Holder This Certificate is issued as a matter of information only and The Roman Catholic Diocese of Covington and Most confers no rights upon the holder of this certificate. This certificate Reverend John C. Iffert, and His Successors in does not amend, extend or alter the coverage afforded below. Office, Chancery Office P.O. Box 15550 Company Affording Coverage Covington, KY 41015 THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD Covered Location COVINGTON CATHOLIC HIGH SCHOOL OMAHA, NE 68154 1600 DIXIE HIGHWAY **COVINGTON, KY 41011-0000** Coverages This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims. Coverage Effective Coverage Expiration Certificate Number Limits Type of Coverage Date Date Real & Personal Property Property Each Occurrence D. General Liability 1,000,000 General Aggregate 2,000,000 Occurrence Products-Comp/OP Agg 8547 12/31/2024 12/31/2025 Personal & Adv Injury Claims Made Fire Damage (Any one fire) Med Exp (Any one person) Each Occurrence **Excess Liability** Annual Aggregrate Each Occurrence Other Claims Made Annual Aggregrate Limit/Coverage Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language) Coverage only extends for claims arising out of the negligence of Covington Catholic High School while using Scott High School for their swim and dive practices for the 2025-2026 swim season, as the schedule dictates.

Holder of Certificate

Additional Protected Person(s)

The Kenton County Board of Education

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 ____ days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

This agreement made by and between the Kenton County Board of Education, the school Principal
and the Superintendent/designee authorized so to act by direction of the Board of Education and
Boone County Schools hereinafter referred to as "user" of the school facilities
hereinafter described. The user is a: (Check One): profit organizationX non-profit organization/FEIN # _61-6001252
Category of user (1-5)3_ (Final determination of category is made by Superintendent/designee).
WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>practice or meet during the swim & dive season</u>

at the following times and dates: 2025-2026 Season: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- All activities will be cancelled when school is closed due to inclement weather. Outside
 groups using our facilities during inclement weather will be at their own risk. Campuses will
 be cleared for school use only.
- 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate

\$1,000,000 General Liability coverage per occurrence

12. An orientation has been provided.

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

(Please initial) LPM user of sc	hool representative
Applicable Fees:	
Rental fee: Practice: \$25 per lane per hour/\$35 per board per hour or \$200 per hour swim/dive meet	r Rental fee total: TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: \$35 per hr. (min 2 hours)	Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Lifeguard Fee: \$13.86 per hour per guard	Elloguard foo roun. 199
Equipment fee:0	Equipment fee total:0
Other fees:0	Other fees total:0
50% of total fees to be paid as security deposit at contracted event.	et signing; remainder to be paid within two (2)
Fotal Fees:TBD	oosit:
Checks are payable to Kenton County Board of Educ	ation

Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays and all weekends). Lifeguards are required for all swim/dive meets. If you choose to supply your own lifeguards, you must discuss this with the Aquatics Supervisor to ensure the required number of lifeguards will be scheduled, and certifications must be presented prior to the event. The Aquatics Facility will schedule lifeguards if needed. All applicable fees will be

discussed prior to rental for a swim and/or dive meet.

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area is to be utilized during your practice time.

Name of School: Scott High School	Boone County	Schools	
	Name of Rent	ing Organiza	ation "User"
	Lance Melching		
	Name of "User" Rep	resentative (Print)
	7056 Burlington Pil	ke	
	Addres		
	Florence	KY	41015
	City	State	Zip
	(859) 282-5565		
	Phone 1	Number	
	lance.melching@b	oone.kyscho	ols.us
	E-Mail	Address	
If responsible individual is other than then the " please identify that individual. Responsible indivi	dual will be in attendance of the strength of	hools.us or and on bel	use of facility
Signature of "User" Representative	Scott AS P		
KCSD Super	rintendent/designee		
		n ' m	. 10/0/0000

KCAFFERKY

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

7/23/2025

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).

this certificate does not confer rights to	o the ce	ertificate holder in lieu of	Such endorsement(s	s). McIntosh		
AssuredPartners-Bellevue/Maysville			PHONE (A/C, No, Ext): (859)		I FAX):(859) 581 - 1008
100 E Rivercenter Blvd. Suite 800 Covington, KY 41011					on@assuredpartners	
oovangton, KT 41011			- The second second		ORDING COVERAGE	
			INSURER A : Bluegi			S1264
INSURED					ers Mutual Insurance	
				cky Employ	ers wuluar msurance	10320
Boone County Board of Edu 8330 US Hwy 42	cation		INSURER C :			
Florence, KY 41042			INSURER D :			
The Personal Procedure Park A. C. Contractor Review			INSURER E :			
	-1-1-4		INSURER F:			
COVERAGES CERTIFY THAT THE POLICIE		TE NUMBER:	VILAVE DEEN IDDUED	TO THE MICH	REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIREN PERTAII POLICIES	MENT, TERM OR CONDITI N, THE INSURANCE AFFO S. LIMITS SHOWN MAY HAV	ON OF ANY CONTRA RDED BY THE POLIC E BEEN REDUCED BY	CT OR OTHE CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO WHICH TH
INSR TYPE OF INSURANCE	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 5,000
CLAIMS-MADE X OCCUR	х	BGR024-001-027	7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000
	1				MED EXP (Any one person)	\$ 5
	1				PERSONAL & ADV INJURY	s 5,000
GEN'L AGGREGATE LIMIT APPLIES PER:	- 4				GENERAL AGGREGATE	s 5,000
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	5,000
OTHER:					11000010 0011117017100	5
A AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	5,000
X ANY AUTO		BGR024-001-027	7/1/2025	7/1/2026		3.
OWNED AUTOS ONLY AUTOS		DOI1024-001-021	11112020	77172020	BODILY INJURY (Per person)	\$
					PROPERTY DAMAGE (Per accident)	\$
HIRED AUTOS ONLY					(Per accident)	\$
A UMBRELLA LIAB X OCCUR	_					5,000,
X EXCESS LIAB X OCCUR CLAIMS-MADE		BGR024-001-027	7/1/2025	7/1/2026	EACH OCCURRENCE	5 000
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17112020	AGGREGATE	\$ 3,000,
DED RETENTION \$ WORKERS COMPENSATION	-				I PER I OTH-	\$
AND EMPLOYERS' LIABILITY		392977	7/1/2025	7/1/2026	PER OTH-	4 000
ANY PROPRIETOR/PARTNER/EXECUTIVE	I/A	302011	77112023	111/2020	E.L. EACH ACCIDENT	\$ 1,000,
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLICY LIMIT	\$ 1,000,0
			The same of the sa			
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORI	D 101, Additional Remarks Sched	ule, may be attached if more	e space is requir	ed)	
eased/Rented Coverage: item is on-site, Property Blanket Limit of \$5	00 000 0	100 annline with \$25 000 D	aductible			
at an unnamed location (off-site), limited to	\$1,000,0	000 coverage and subject	to \$25,000 Deductible) <i>,</i>		
transit limited to \$500,000 and subject to \$2	25,000 D	eductible.				
E: Boone County High Schools (Boone Co H	S Cont	ner HS Cooper HS Rule H	S) Swim & Dive Team	ne Moote and	Practices	
ctober 1st -February 28th	10, 00111	ici iio, ocopei iio, ityle ii	O/ OWIII) & DIVE TEAM	is meets and	Tactions	
enton County Board of Education is named	as Addit	tional Insured in regard to	General Liability.			
ERTIFICATE HOLDER			CANCELLATION			
ENTIFICATE ROLDER			UNIVELLATION			
			SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELLED BEFORE
Kenton County Board of Educa	ation		THE EXPIRATION	DATE THE	EREOF, NOTICE WILL B	
Scott High School			ACCORDANCE WIT	H IME POLIC	T PROVISIONS.	
5400 Old Taylor Mill Road						
Taylor Mill, KY 41015			AUTHORIZED REPRESEN	TATIVE	///	

CORD

This agreement made by and between the Kenton County E	soard of Education, the school Principal,
and the Superintendent/designee authorized so to act by d	lirection of the Board of Education and
	hereinafter referred to as "user" of the
school facilities hereinafter described. The user is a: (Check	One): profit organizationX
non-profit organization/FEIN # 26-0710957	
Category of user (1-5)3_ (Final determination of category	ory is made by Superintendent/designee).
WITNESSETH:	

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: **practice or meet during the swim & dive season** at the following times and dates: **2025-2026 Season**: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

(Please initia	ıl)user _JC	sentative
Applicable Fees:		
	\$25 per lane per hour/\$35 per 200 per hour swim/dive meet	Rental fee total:TBD
Custodial Fee: \$48 r	oer hr. (min 2 hours)	Custodial fee total: TBD
-	5 per hr. (min 2 hours) 6 per hour per guard	Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Equipment fee:	00	Equipment fee total:0
Other fees:0		Other fees total:0
50% of total fees to be weeks after contracted		signing; remainder to be paid within two (2)
Total Fees:TBl	D Depo	sit:

Checks are payable to Kenton County Board of Education

12. An orientation has been provided.

Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays and all weekends). Lifeguards are required for all swim/dive meets. If you choose to supply your own lifeguards, you must discuss this with the Aquatics Supervisor to ensure the required number of lifeguards will be scheduled, and certifications must be presented prior to the event. The Aquatics Facility will schedule lifeguards if needed. All applicable fees will be discussed prior to rental for a swim and/or dive meet.

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area is to be utilized during your practice time.

Name of School: Scott High School	Notre Da	ame Academy	4	
		enting Organiz		
	Janet Carl	Salar Land	is.	
	Name of "User" F	Representative	(Print)	
	1699 Hilton D	r		
	Add	lress		
	Park Hills	KY	41011	
	City	State	Zip	
	(859) 292-1892			
		ne Number		
	carli@i	ndapandas.org		
	E-Mail Address			
please identify that individual. Responsible indi Emma Lehmkuhl Name2473 Stonewall Trail, Ft. wright, KY Address859-912-2245 Telephone Number		ce during entire	e use of facility	
lehmkuhle@ndapandas.org				
E-Mail Address				
IN WITNESS WHEREOF the Principal and the Board of Education and the user hereunto set the September, 2025 Contracts school year.	eir hands this &	day of		
Janet Carl	(20) M	181		
Signature of "User" Representative	Shott H	S Principal		
KCSD Sin	perintendent/designee			
KCSD Su	permittendente designee	Th /m	. 10/=/20==	
		Review/Rev	rised:8/7/2023	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/28/2025

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/les) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subjethis certificate does not confer rights	ct to	the te	erms and conditions of the	ne policy, certali	n policies may		
PRODUCER				CONTACT Christia	an Brothers Ser	vices	
Risk Program Administrators a subsi Arthur J. Gallagher Risk Managemen			s, LLC	PHONE (A/C, No, Ext): 800 E-MAIL ADDRESS:		FAY	; 630-378-2508
2850 Golf Road				ADDRESS:			
Rolling Meadows IL 60008						RDING COVERAGE	NAIC
			OUDIDEO 44	INSURER A : Old F	Republic Union I	nsurance Company	3114
INSURED Brothers of the Christian Schools & A	ffiliat	20	CHRIBRO-14	INSURER B:			
LOC #1186251 NOTRE DAME ACAI				INSURER C :			
1205 Windham Parkway				INSURER D :		9	
Romeoville IL 60446-1679				INSURER E :			
				INSURER F:			
COVERAGES CE	RTIFI	CATE	E NUMBER: 1014451058			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI	REQUII PERT POLI	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRA ED BY THE POLIC BEEN REDUCED B	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO WHICH TH
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EF (MM/DD/YYY	F POLICY EXP (MM/DD/YYYY)	LIMI	78
A X COMMERCIAL GENERAL LIABILITY	Y	N	822500 1325596	6/15/2025	6/15/2026	EACH OCCURRENCE	\$ 10,000,000
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ Included
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ Included
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ Included
POLICY PRO- LOC					1	PRODUCTS - COMP/OP AGG	\$ included
OTHER:						A A UNIVERSITIES OF THE PARTY O	\$
AUTOMOBILE LIABILITY						(Ea accident)	\$
ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
DED RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	""				1 1	E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
The Certificate holder is added as an additional form of operations / Locations / Vehice The certificate holder is added as an addition Non-Contributory coverage is also provided strictly, and specifically with regards to: For use of facilities per the dates and times The Kenton County Board of Education is a	onal in d unde agree	surec or the ed upo	d under the General Liability Primary General Liability po on.	per attached en	dorsement per p	prior written contract and F	Primary verage is solely,
ACRESIA A SER LIAL DED							
CERTIFICATE HOLDER				CANCELLATION	ч		
Kenton County - Scott High Aquatic	ı Sch	ool N		THE EXPIRATION ACCORDANCE V	NITH THE POLICY		
5400 Pride Parkway Taylor Mill KY 41015				Cythan C	K. Sa Mos	ten	

This agreement made by and bety	veen the Kenton	County Board of	f Edu	cation, the	schoo	ol Princi	ipal,
and the Superintendent/designee	authorized so to	act by direction	of the	ne Board o	of Ed	ucation	and
St. Henry District 1							
facilities hereinafter described. The profit organization/FEIN #	ne user is a: (Cho 0458380	eck One):	profit	organizatio	on	X r	ion-
Category of user (1-5) _ Superintendent/designee).	3 (Final	determination	of	category	is	made	bу
WITNESSETH:							

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: practice or meet during the swim & dive season

at the following times and dates: 2025-2026 Season: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate

\$1,000,000 General Liability coverage per occurrence

12. An orientation has been provided.

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

(Please	initial) user SA school	representative
Applicable Fees	•	
	tice: \$25 per lane per hour/\$35 or \$200 per hour swim/dive meet	per Rental fee total:TBD
Custodial Fee: \$	48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee:	\$35 per hr. (min 2 hours)	Supervisory fee total: TBD
Lifeguard Fee: \$1	13.86 per hour per guard	Lifeguard fee Total: TBD
Equipment fee: _	0	Equipment fee total:0
Other fees:	0	Other fees total:0_
50% of total fees (2) weeks after co		ontract signing; remainder to be paid within tw
Total Fees:	_TBD	Deposit:
Charles are nave	bla to Vanton County Board of F.	ducation

Checks are payable to Kenton County Board of Education

Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays and all weekends). Lifeguards are required for all swim/dive meets. If you choose to supply your own lifeguards, you must discuss this with the Aquatics Supervisor to ensure the required number of lifeguards will be scheduled, and certifications must be presented prior to the event. The Aquatics Facility will schedule lifeguards if needed. All applicable fees will be discussed prior to rental for a swim and/or dive meet.

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area is to be utilized during your practice time.

Name of School: Scott High School	
	Name of Renting Organization "User"
	St Henry District HS
	Name of "User" Representative (Print)
	Address
	City State Zip
	()
	Phone Number
	E-Mail Address
please identify that individual. Responsible indiffacility. Jim Demlere Name 3755 Scheben Dr. Address 959 525-0255 Telephone Number Ichner & Shdt. Su. 379 E-Mail Address	ividual will be in attendance during entire use of
IN WITNESS WHEREOF the Principal and the S Board of Education and the user hereunto set their 20 25 . Contracts for recurring events expire of	hands this 8th day of September,
OKlambe	ledy What
Signature of "User" Representative	Scott HS Principal
VCCD Cima	rintendent/derignee
KCSD Supe	rintendent/designee

Review/Revised:8/7/2023

Date: 8/1/2025 Certificate of Coverage Certificate Holder This Certificate is issued as a matter of information only and The Roman Catholic Diocese of Covington and Most confers no rights upon the holder of this certificate. This certificate Reverend John C. Iffert, and His Successors in does not amend, extend or alter the coverage afforded below. Office, Chancery Office P.O. Box 15550 Company Affording Coverage THE CATHOLIC MUTUAL RELIEF Covington, KY 41015 SOCIETY OF AMERICA 10843 OLD MILL RD Covered Location ST HENRY DISTRICT HIGH SCHOOL OMAHA, NE 68154 3755 SCHEBEN DRIVE ERLANGER, KY 41018-0000 Coverages This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims. Coverage Effective Coverage Expiration Type of Coverage Certificate Number Limits Date Date Real & Personal Property Property Each Occurrence D. General Liability 1,000,000 General Aggregate 2,000,000 Occurrence Products-Comp/OP Agg 8547 12/31/2024 12/31/2025 Personal & Adv Injury Claims Made Fire Damage (Any one fire) Med Exp (Any one person) Each Occurrence **Excess Liability** Annual Aggregrate Each Occurrence Other Claims Made Annual Aggregrate Limit/Coverage Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language) Coverage only extends for claims arising out of St. Henry District High School's use of the Scott High School facilities for their dive team practice for the 2025-2026 swim season, as the schedule dictates. Cancellation Holder of Certificate

Additional Protected Person(s) Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of Kenton County Board of Education certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. Authorized Representative and a Peterson

0346003579

This agreement made by and between the Kenton County Board of Education, the school Principa
and the Superintendent/designee authorized so to act by direction of the Board of Education an
hereinafter referred to as "user" of the school
facilities hereinafter described. The user is a: (Check One): profit organization nor profit organization/FEIN # 8
Category of user (1-5)3_ (Final determination of category is made by Superintendent/designee
WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>practice or meet during the swim & dive season</u>

at the following times and dates: 2025-2026 Season: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent/designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence

12. An orientation has been provided.

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

(Please initial) user school repre	esentative
Applicable Fees:	
Rental fee: <u>Practice</u> : \$25 per lane per hour/\$35 per board per hour or \$200 per hour swim/dive meet	Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: \$_\$35 per hr. (min 2 hours)	Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Lifeguard Fee: \$13.86 per hour per guard	Eneguaid for Total. TDD
Equipment fee:0	Equipment fee total:0
Other fees:0	Other fees total:0_
50% of total fees to be paid as security deposit at contract sweeks after contracted event.	signing; remainder to be paid within two (2)
Total Fees:TBD Depor	sit:
Checks are payable to Kenton County Board of Educa	tion

Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays and all weekends). Lifeguards are required for all swim/dive meets. If you choose to supply your own lifeguards, you must discuss this with the Aquatics Supervisor to ensure the required number of lifeguards will be scheduled, and certifications must be presented prior to the event. The Aquatics Facility will schedule lifeguards if needed. All applicable fees will be discussed prior to rental for a swim and/or dive meet.

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area is to be utilized during your practice time.

Name of School: Scott High School	
	Name of Renting Organization "User"
<i>y</i>	Name of "User" Representative (Print)
	54 Beachwood RL Address
	Fort Mitchell KY 4/07,
	(854) 320 33 1 - 1220 Phone Number
	Type book a beech wood, Ky
	iser whose signature appears on this page below ual will be in attendance during entire use of facility.
HAN BOYH	dar win de in attendance during entire use of facility.
Address 859 - 192- 1183	
Felephone Number 17/10 50 M a belch word & Y B-Mail Address	schals, hs
IN WITNESS WHEREOF the Principal and the S Board of Education and the user hereunto set their	hands this 8th day of 15eptember.
2015. Contracts for recurring events expire of Signature	Scott HS Principal
KCSD Super	intendent/designee

Review/Revised:8/7/2023

KCAFFERKY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/16/2025

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(les) 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).

Beechwood Independent Schools 50 Beechwood Road Ft. Mitchell, KY 41017 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST. TYPE OF INSURANCE ADDI. SUBR. TYPE OF INSU	
Covington, KY 41011 INSURED INSURER A: Bluegrass Risk Management INSURER A: Bluegrass Risk Management INSURER B: Kentucky Employers Mutual Insurance INSURER B: Kentucky Employers Number:	
Covington, KY 41011 INSURED INSURER A: Bluegrass Risk Management INSURER A: Bluegrass Risk Management INSURER B: Kentucky Employers Mutual Insurance INSURER B: Kentucky Employers Number:	31-1008
INSURED Beechwood Independent Schools 50 Beechwood Road Ft. Mitchell, KY 41017 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSIR TYPE OF INSURANCE A COMMERCIAL GENERAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC OTHER: INSURER C: I	
Beechwood Independent Schools 50 Beechwood Road Ft. Mitchell, KY 41017 INSURER B: INSURER B	NAIC#
Beechwood Independent Schools 50 Beechwood Road Ft. Mitchell, KY 41017 INSURER D : INSURER E : INSURER F :	31264
SO Beechwood Road Ft. Mitchell, KY 41017 INSURER E :	0320
INSURER D : INSURER E :	
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIEN ON THE INSURED NAMED ABOVE FOR THE POLICIEN OF ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VERY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST. TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY FFF POLICY SEPTIMENTAL LIMITS A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR BGR025-001-032 7/1/2025 7/1/2026 BGR025-001-032 7/1/2026 REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICIES. LIMITS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURENCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURENCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURENCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURENCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURENCE AFFORDED BY THE POLICY ESCRIBED HEREIN IS SUBJECT TO ALL THE INSURENCE AFFORDED BY THE POLICY ESCRIBED TO THE INSURENCE AFFORDED BY THE POL	
INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURANCE ADDLISUBR POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER TYPE OF INSURANCE ADDLISUBR POLICY NUMBER POLICY NUMBER ACH OCCURRENCE MED EXP (Any one person) SEACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea OCCURRENCE) SEACH OCCURRENCE SEACH OCC	
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO VICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST. TYPE OF INSURANCE ADD. SUBR. POLICY NUMBER POLICY NUMBER POLICY F. POLICY EXP. (MM/DD/YYYY) CLAIMS-MADE X OCCUR BGR025-001-032 7/1/2025 7/1/2026 ADD. SUBR. (MM/DD/YYYY) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ PRODUCTS - COMP/OP AGG \$ OTHER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTRUCTOR TYPE OF INSURANCE ADDI. SUPPLIES POLICY NUMBER POLICY SUPPLIES POLICY SUPPLIES POLICY SUPPLIES PER: POLICY PROPERTY THAT THE POLICIES OF INSURANCE LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CANNOT BE INSURED TO ALL THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE PO	
INSR TYPE OF INSURANCE ADDL SUBR NSD POLICY NUMBER POLICY EFF. (MM/DD/YYYY) A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR BGR025-001-032 7/1/2025 7/1/2025 7/1/2026 FEACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY S GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG COTHER: S CIMITS FACH OCCURRENCE S GENERAL AGGREGATE S GENERAL AGGREGATE S PRODUCTS - COMP/OP AGG S	HICH THIS
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR BGR025-001-032 7/1/2025 7/1/2025 7/1/2026 ACCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PEO X LOC OTHER: 5 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
CLAIMS-MADE X OCCUR BGR025-001-032 7/1/2025 7/1/2026 7/1/2026 AMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ DEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC OTHER: 5	5,000,000
MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER:	1,000,000
PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER:	15,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER:	5,000,000
POLICY PRODUCTS - COMP/OP AGG \$ OTHER:	5,000,000
OTHER: \$	5,000,000
	0,000,000
A AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) S	5,000,000
X ANY AUTO BGR025-001-032 7/1/2025 7/1/2026 BODILY INJURY (Per person) \$	
OWNED AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY Per accident) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE Per accident) \$	
AUTOS CIRCY STREET	
A V	5,000,000
PGP025-004-022 7/4/2025 7/4/2026	5,000,000
AGGREGATE \$	0,000,000
DED A RELEATION \$	
	1,000,000
ANY PROPRIETOR/PARTNER/CERCEUTIVE N/A E.L. EACH ACCIDENT	1,000,000
(Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under	1,000,000
fives, describe under E.L. DISEASE - POLICY LIMIT \$ A Leased/Rented BGR025-001-032 7/1/2025 7/1/2026 Limit	250.000
A Leased/Rented BGR025-001-032 7/1/2025 7/1/2026 Limit	250,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lenton County Schools Board of Education is named as Additional Insured with regard to General Liability.	
CERTIFICATE HOLDER CANCELLATION	
Kenton County Schools Board of Education 1055 Eaton Dr Ft Wright, KY 41017 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	
Sta Well	
CORD 25 (2015/03) © 1988-2015 ACORD CORPORATION All rights	

This agreement made by and between the Kenton County Board of Education, the school Principal
and the Superintendent/designee authorized so to act by direction of the Board of Education and
Highlands HS hereinafter referred to as "user" of the school
acilities hereinafter described. The user is a: (Check One): profit organization X non- profit organization/FEIN # looly05
Category of user (1-5)3_ (Final determination of category is made by Superintendent/designee).
Witnesseth:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: <u>practice or meet during the swim & dive season</u>

at the following times and dates: 2025-2026 Season: subject to the following terms and conditions:

- 1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence The Kenton County Board of Education is noted as additional insured

12. An orientation has been provided (Please initial) WC user West school representative

A copy of the liability policy or declaration of coverage page must be attached to this contract.

Applicable Fees	<u>L</u>	
The second secon	ctice: \$25 per lane per hour/\$35 or \$200 per hour swim/dive mee	4 - Supplied the Street of the Street
Custodial Fee:	648 per hr. (min 2 hours)	Custodial fee total: <u>TBD</u>
-	_\$35 per hr. (min 2 hours) 13.86 per hour per guard	Supervisory fee total: <u>TBD</u> Lifeguard fee Total: TBD
Equipment fee:	0	Equipment fee total:0_
Other fees:	0	Other fees total:0_
50% of total fees weeks after contra		ntract signing; remainder to be paid within two (2)
Total Fees:	TBD	Deposit:
Charle are nave	ble to Kenton County Board of E	ducation

Supervision and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays and all weekends). Lifeguards are required for all swim/dive meets. If you choose to supply your own lifeguards, you must discuss this with the Aquatics Supervisor to ensure the required number of lifeguards will be scheduled, and certifications must be presented prior to the event. The Aquatics Facility will schedule lifeguards if needed. All applicable fees will be discussed prior to rental for a swim and/or dive meet.

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts. Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area is to be utilized during your practice time.

Name of School: Scott High School	Highlands HS				
	Name of Renting Organization "User"				
	Wes Coldwell				
	Name of "User" Representative (Print)				
	2400 Mimorial PKWY				
	Address				
	FortThomas KX 41075				
	City State Zip				
	(859) 815 2607				
	Phone Number				
	Wes. Caldwell a fort thomas. Kyschools.				
	E-Mail Address				
If responsible individual is other than then the "Unividual Responsible individual Responsi	al will be in attendance during entire use of facility.				
IN WITNESS WHEREOF the Principal and the Sur Board of Education and the user hereunto set their h 20 25. Contracts for recurring events expire on Signature of "User" Representative	ands this 8th day of September,				
KCSD Superin	tendent/designee				

Review/Revised:8/7/2023



CERTIFICATE OF LIABILITY INSURANCE

8/15/2025

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(les) 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).

PR	this certificate does not confer rights	to th	e cer	tificate holder in lieu of si	CONTAI	orsement(s).	y require an endorseme	INL A	statement on
AssuredPartners-Bellevue/Maysville 100 E Rivercenter Blvd, Suite 800					PHONE (A/C, No, Ext): (859) 581-2088 FAX (A/C, No): (859) 581-1008					
Co	vington, KY 41011				ADDRE	ss: certifica	te.covingto	on@assuredpartners.	.com	
						Audio		RDING COVERAGE		NAIC#
								anagement		S1264
INS	URED				INSURE	RB: Kentuc	ky Employ	ers Mutual Insurance	<u> </u>	10320
	Fort Thomas Independent				INSURE	RC:				
	28 North Ft. Thomas Ave Ft. Thomas, KY 41075				INSURER D:					
	Ta mondo, NT 41010				INSURE	RE:				
					INSURE	RF:				
_				E NUMBER:				REVISION NUMBER:		
I	THIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PEF	IREM	ENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF AI DED BY	YY CONTRA THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESP. BED. HEREIN IS SUBJECT	ECT TO	O WHICH THIS
INSF	TYPE OF INSURANCE	ADDI	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A	X COMMERCIAL GENERAL LIABILITY	THE REAL PROPERTY.				militer L.L.	AMINISTRALIA I	EACH OCCURRENCE .	2	5,000,000
	CLAIMS-MADE X OCCUR			BGR024-001-011		7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	s	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	5,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	5,000,000
_	OTHER:	-						AAMANIER ENGLE LIME	\$	
A	AUTOMOBILE LIABILITY	1		¥1				COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
	X ANY AUTO			BGR024-001-011		7/1/2025	7/1/2026	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
h						-			S	
Α	UMBRELLA LIAB X OCCUR			DODOG 4 004 044		7/4/0005	7/4/0000	EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			BGR024-001-011		7/1/2025	7/1/2026	AGGREGATE	\$	5,000,000
D	DED RETENTION \$	_						N DED OTH	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			454046		7/1/2025	7/1/2026	X PER STATUTE ER	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA	ı	451346		11112025	11112020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below			DCD024 004 044		7/4/2025	7/1/2026	E.L. DISEASE - POLICY LIMIT School Leaders	\$	1,000,000
A	Professional Liabili			BGR024-001-011		7/1/2025	7/1/2026	School Leaders		5,000,000
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedule	e, may be a	ittached if more	space is require	ed)		
ER	TIFICATE HOLDER				CANCE	LLATION				
Kenton County Schools 1055 Eaton Drive Ft Wright, KY 41017					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			A.	AUTHORIZ	ED REPRESEN		111			

particularly described as follows: __swim team practice

Facility Use Contract

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and Calvary
Christian Swim Team hereinafter referred to as "user" of the school facilities hereinafter described
The user is a: (Check One): profit organization X non-profit organization/FEIN #
Category of user (1-5)3_ (Final determination of category is made by Superintendent/designee).
Witnesseth:
The school Principal does hereby agree to permit user to utilize certain school facilities more

1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.

at the following times and dates: 2025-2026 Season: subject to the following terms and conditions:

- 2. 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.
- 3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
- 4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
- 5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
- 6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
- 7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Campuses will be cleared for school use only.
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:

The liability Insurance certificate is required to include the following minimum amounts:

2,000,000 General Liability coverage in the aggregate \$1,000,000 General Liability coverage per occurrence

12. An orientation has been provided.

The Kenton County Board of Education is noted as additional insured

A copy of the liability policy or declaration of coverage page must be attached to this contract.

(Please initial)userschool rep	resentative
Applicable Fees:	
Rental fee: \$25 per lane practice per hour/\$35 per board per hour/\$200 per hour meet	Rental fee total:TBD
Custodial Fee: \$48 per hr. (min 2 hours)	Custodial fee total: TBD
Supervisory fee: _\$35 per hr. (min 2 hours)	Supervisory fee total: <u>TBD</u>
Lifeguard Fee: \$13.86 per hour per guard	Lifeguard fee Total: TBD
Equipment fee:0	Equipment fee total:0
Other fees:0	Other fees total:0
50% of total fees to be paid as security deposit at contracted event.	t signing; remainder to be paid within two (2)
Total Fees:TBD Dep	osit:
Checks are payable to Kenton County Board of Educa	ation

Supervision/Custodial Support Details: Lifeguards are required, but can be provided by the host team. Current Lifeguard certifications are required, and a copy must be provided to the Aquatics office prior to the meet. Lifeguards provided by the host must be in proper attire and are required to be seated appropriately for the duration of the event. Lifeguards can be provided at the above cost if you choose not to supply your own. The number of lifeguards required will be at the discretion of the aquatics coordinator in accordance to our current

policy. Supervision, lifeguard and Custodial fees will apply to any rentals outside of school time (after 9pm weekdays/weekends)

Misc. Considerations: A meet is not permitted without prior approval. Any breach of this contract could result in cancellation of the contract and/or denial of future contracts.

Designated coach must be on deck with athletes at all times, and are responsible for their athletes from arrival to departure. You may not leave your athletes unattended at any time. Only your designated rental area are to be utilized during your practice time.

Name of School:_	Scott High School	Calvary Christian Sv	vim Team
		Name of Renti	ng Organization "User"
		Andrew Ho Name of "User" Repl	esentative (Print)
		5955 Taylo	or Mill Rd.
		Covington	KY 41015 State Zip
		(859) 630 - 7. Phone N	J.S Number
		andrew. hogo E-Mail.	erth@ccsky.Org
	vidual is other than then the 't individual. Responsible ind		
Name		-	
Address		-	
Telephone N	Number	_	
E-Mail Add	Iress		
Board of Education 20 25 . Contracts	EREOF the Principal and the Sand the user hereunto set their for recurring events expire of the expresentative	r hands this qTu day	of <u>September</u> , year.
	KCSD Supe	erintendent/designee	
		_	Review/Revised:8/7/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/25/2025

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(les) 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).

$\overline{}$	this certificate does not confer rights t					rsement(s).	s may roquin	20 (1994) - Opportugion (1994)			
PRODUCER						CONTACT Kelly Shafer					
Cornerstone Insurance LLC						PHONE (859) 586-8580 FAX (A/C, No): (859) 586-8616					
5915 Centennial Circle						E-MAIL ADDRESS: kellys@csins.com					
FI	prence			KY 41042		Calcatin		mpany of America		NAIC# 12572	
_	URED		_	KI TIOTE	INSUR	Ol	th Insurance C			16273	
""	Calvary Baptist Church of Covi	naton	KY In	c	INSURI	LK D.	"	on pany		10270	
	Calvary Christian School of KY		,	•	INSURI					_	
	3711 Tibbatts St	,-			INSURI	**				-	
	Covington			KY 41015-1455	INSURI					-	
CC		RTIFIC	ATE	NUMBER: 25/26	HOUN	an i		REVISION NUMBE	R:	1.	
II C	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.										
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	CLAIMS-MADE COCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence		00,000	
								MED EXP (Any one perso	on) \$ 15,0	000	
Α				S 2647815		03/01/2025	03/01/2026	PERSONAL & ADV INJUR	(1)	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
	POLICY X PRO-							PRODUCTS - COMP/OP		00,000	
	OTHER:							COMBINED SINGLE LIMI	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	00,000	
^	ANY AUTO OWNED SCHEDULED			D 0047046		03/04/0005	02/04/2026	BODILY INJURY (Per pers			
Α	AUTOS ONLY AUTOS NON-OWNED			S 2647815	U	03/01/2025	03/01/2026	PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
_	Number 1	_	-						\$ 7.00	20.000	
	✓ UMBRELLA LIAB ✓ OCCUR			S 2647815		03/01/2025	03/01/2026	EACH OCCURRENCE	\$ 7,00		
Α	EXCESS LIAB CLAIMS-MADE			3 204/013		03/01/2023	03/01/2020	AGGREGATE	\$ 7,00	00,000	
_	DED RETENTION 8 0		-					➤ PER STATUTE	OTH-		
	AND EMPLOYERS' LIABILITY Y/N						-		s 1,00	n non	
В	(Mandatory in NH) If yes, describe under		N/A WC10993408			03/01/2025	03/01/2026	E.L. EACH ACCIDENT	1 00		
							-	E.L. DISEASE - EA EMPLO	4.00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	JIMIT \$ 1,5-2	-,	
						N.	,				
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1, Additional Remarks Schedule, π	ay be att	tached if more sp	ace is required)				
ER	TIFICATE HOLDER				CANCE	ELLATION					
Kenton County Board of Education 1055 Eaton Dr.					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						
Fort Wright KY 41017					93						
						0	1988-2015 A	CORD CORPORAT	ION. All righ	its reserved.	