Use Agreement

| This agreement made by and between the Boone County Board of Education, as Principal authorized so to act by direction of the Board of Education and Sheplechase PTO hereinafter referred to as "User" of the school facilities hereinafter described. |
|--|
| WITNESSETH: |
| The Principal does hereby agree to permit User to utilize certain school facilities more particularly described as follows: |
| |
| at the following times and dates: 9/8, 9/30, 10/6, 10/17, 11/0, 12/8, 12/8-12 |
| 1/12, 1/12-16, 2/9, 2/9-2/9-13 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 User 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.
- The reserved time/date for use by User may be cancelled or preempted by Principal or District Administration and permission for use may be terminated without cause by notice from Principal or District Administration.
- 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.
- 8. The User acknowledges that approval of this request does not signify District sponsorship, endorsement or approval of their organization or the activity.

Use Agreement

| IN WITNESS WHEREOF the Principal for and on benair of the Board of Education and the |
|--|
| User hereunto set their hands this day of, 20 25. |
| Sterphola & Temberschool |
| BY: |
| PRINCIPAL |
| Steeple chase PTO |
| 1200 Grand National Blud. ADDRESS |
| Walton 124 41094 |
| CITY STATE ZIP |
| 851. 485 - 3500 |
| PHONE NUMBER |

Facility Use Agreement Application

This application must be completed and attached to the Facility Use Agreement along with all corresponding required documents. Incomplete applications or those submitted without all required documents will be returned without consideration.

| | Today's Date 1 1 2 4 3 5 |
|-------|--|
| | Requestor's Contact Information Name:Bree Crowder |
| | Organization: Steeple Chase PTD |
| | Does this organization have non - profit status? Yes No If yes, please attach documentation. |
| | Contact number: 859 - 485 - 35 00 |
| | Email address; Steeple chaseptoe gmail com |
| | School/Location Requested Ste-eple chase Elementary |
| BBQ 5 | List all areas needed: Sym Auditorium Conference Winner Circles, Bus ** ex. Auditorium, football field, practice field, parking lot, classrooms (list number needed) kitchen, cafeteria etc. Date(s) of program / event: 1 |
| | Expected number of attendees: PTO mtg - 10 attendees PTO EVents - 200 plus ls this event part of a fundraiser? Yes No ** If yes, please attach a copy of the submitted fundraiser approval |
| | How is this event/ program being advertised? Please attach any relevant flyers media notices, social media postings, registration information etc. |

| Do you have liability insurance? Yes No ** If yes, please attach a copy of your Certificate of Insurance. Who is responsible for supervision of the attendees of this event / program? |
|---|
| PTO Board members parent volunteers |
| Admin Statt |
| Purpose of the event / program: Community Dut reach for parents, Students and families |
| Safety and Emergency Procedures: To follow schools Safety therefore Procedures - Admin Staff with the on site and we will follow direction: |
| Inclement Weather Plan: |
| |
| Site restoration plan: ** Include the plan for trash removal, cleaning of facilities, returning of equipment etc. For programs over multiple days, there should be a plan for nightly restoration. AL WEMPLIS WILL WITH CLEAN UP AND TYASH TO BE DISPOSE IN DUTSIDE BINS. |
| |

| restrooms? |
|---|
| Use restroom Facilities, arch will be upon rest at building closed off. |
| This section to be completed by school or district administration |
| Please initial each item. |
| Administration has reviewed the application in its entirety and has attached all required documents. |
| Administration has checked the Active Facility and Construction Projects document to ensure there is no conflict with scheduled work. |
| For athletic events, administration has coordinated with the Athletic Director to ensure there is no conflict with previously scheduled events. |
| - PTO mtgs- 5:00-6:00 pm 1x per month during the school calendar year. Winner circle tables |
| - 9/au- walk-a-thon- outside side war |
| - 10/17 - Fall fest 5:00 pm - 7:00 pm bus Wopp Outside - 12/17-12 Horiday shop - 9:00 am - 3:00 pm Winner circle |
| - 1/12-14 - Penny wars set up in winner circle - 2/9-13 - Stallion grams - sent out to classrooms - 2/9-13 - Stallion grams - sent out to classrooms - 3/4 - 6:00 - 8:00 family dance gym/cafe - 3/4 - BBQ - outside bus loop - 5:00 pm - 7:00 pm |

Plan for restroom facilities. Will you be using school facilities? Providing portable

Rental Application and Contract

CONDITIONS OF RENTAL

All rental of school facilities is subject to the following conditions:

- 1. An official application shall be made to the Superintendent or his designee.
- 2. Rentals will be made only to responsible and organized groups, and responsible officers of that group must sign the application and the contract.
- 3. Conditions of that contract shall include:
 - a. Acceptance of responsibility by officials of the renting organization for any damage or loss resulting from the rental; _______ Initials
 - b. Agreement that renting organizations, and officers thereof, shall assume all liability for any personal injuries incurred during their use of the facilities and shall hold the Board harmless from any such claims against it; _______ Initials
 - c. Agreement to observe all fire and safety regulations; 30 Initials

 - g. The presence of a food-service employee when kitchen facilities are used. The hourly wage of the employee must be included in the contract along with social security and retirement payments required by law.

 - i. Agreement that no alterations to the buildings or grounds be made without prior approval; ______ Initials
 - j. Agreement that the renting party shall not sublease or reassign any portion of the building or item of equipment covered by the rental contract; _______ Initials
 - k. Agreement that school equipment shall not be a part of the rental contract unless specifically enumerated; HU Initials
 - I. Agreement to leave the facilities in as good a condition as before used. Groups using outdoor facilities free of charge shall do the cleaning themselves or bear the cost of necessary custodial services. _______ Initials
 - m. Agreement that only the agreed upon, assigned areas / spaces of the property may be used. ______ Initials

- n. Agreement that parking in designated areas will be enforced by the renter. There is no parking in grass areas or non-designated parking areas unless included as part of the original facility use agreement.

 | Comparison | C

REFERENCES:

<u>KRS 158.149</u>; <u>KRS 162.055</u>; <u>KRS 438.050</u>; <u>KRS 438.305</u> <u>OAG 81-295</u> P. L. 114-95, (Every Student Succeeds Act of 2015) SCHOOL FACILITIES

05.31 (CONTINUED)

Rental Application and Contract

RELATED POLICIES:

03.1327; 03.2327; 05.3; 06.221; 09.4232; 10.3; 10.5

Adopted/Amended: 8/8/2019 Order#: VI.2A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2025

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | | | | | | NAME: Joseph Guerrero | | | | | | |
|---|--|------|--------------|---|--|--|----------------------------|---|-----------|-----------------------|--|--|
| DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance | | | | | | PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 | | | | | | |
| Brokers | | | | | | E-MAIL ADDRESS: Support@rvnuccio.com | | | | | | |
| 10148 Riverside Drive | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| Tol | ıca Lake, CA 91602 | | | | INSURER A : Fireman's Fund Insurance Company 21873 | | | | | | | |
| INSU | | | | | | RB: Axis Ins | urance Comp | anv | | 37273 | | |
| Ste | eplechase Elementary PTO | | | | INSURER C: | | | | | | | |
| 111 | 164 Chatsworth Court | | | | INSURE | • | | | | | | |
| | Iton , KY 41094 | | | | INSURE | | | | | | | |
| " | 1011, ICI 41054 | | | | | | | | | | | |
| | /ERAGES CER | TIEI | ATE | NUMBER: | INSURE | KF: | | REVISION NUMBER: | | | | |
| | IIS IS TO CERTIFY THAT THE POLICIES | | | | VE BEE | N ISSUED TO | | | HE POI | ICY PERIOD | | |
| IN CI | DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH | QUIF | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN' ED BY | Y CONTRACT THE POLICIE | OR OTHER I | DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO | CT TO | WHICH THIS | | |
| INSR LTR | | ADDL | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | rs | | | |
| | GENERAL LIABILITY | √ V | WVD | | | | 10/19/2025 | EACH OCCURRENCE | s | 1,000,000 | | |
| Α | ✓ COMMERCIAL GENERAL LIABILITY | ~ | | UST021067240 | | 10/19/2024 | 10/19/2025 | DAMAGE TO RENTED | s | 100,000 | | |
| | OGNIMATION & CENTER OF THE CEN | | | NANPO0066597 | | | | PREMISES | 1 | 5,000 | | |
| | CLAIMS-MADE ✓ OCCUR | | | | | | | MEDICAL EXPENSE | \$ | 1,000,000 | | |
| | | | : | | | | | PERSONAL & ADV INJURY | \$ | | | |
| | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | | |
| • | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | | |
| | ✓ POLICY PRO- JECT LOC | | <u> </u> | | | | | | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | . <u>.</u> | | |
| | | | | | | | | | \$ | | | |
| | UMBRELLA LIAB OCCUR | | 1 | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | |
| | DED RETENTION\$ | | ŀ | | | | | | s | | | |
| | WORKERS COMPENSATION | | | | | | | WC STATU- OTH- TORY LIMITS ER | | | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | 5 | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | ì | E.L. DISEASE - POLICY LIMIT | | | | |
| Λ | Directors and Officers | | | NEODO074074 | | 40/40/0004 | 40/40/0005 | L.L. DISCAGE - POLICY LIMIT | | 24 222 222 | | |
| Α | Directors and Onicers | | | NPODO0074871 | | 10/19/2024 | 10/19/2025 | | | \$1,000,000 | | |
| Α | Sexual Misconduct Liability | | | NANPO0066597 | | 10/19/2024 | 10/19/2025 | | \$ | 1,000,000/\$1,000,000 | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHICL itional Insured: Steeplechase Elem- | - | | · | | | | exual Misconduct Liab | ility inc | cluded. | | |
| | nt Description: for Steeplechase PT | | | | | | | | • | | | |
| | Start Date; 08/26/2025 End Date; 10/19/2025 | | | | | | | | | | | |
| | l de la companya de | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CE | CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | | |
| OLIVITION I DEDLIX | | | | | | 7 | | | | | | |
| Вос | Boone County School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | |
| 833 | 0 U.S. 42 | | | | AUTHO | RIZED REPRESEI | NTATIVE | | | | | |
| Flor | ence , KY 41042 | | | | | | • | \nearrow | | | | |
| | rence , KY 41042 | | | | | | | | | | | |

Joseph Guerrero

POLICY NUMBER: UST021067240 EFFECTIVE DATES: 10/19/2024 to 10/19/2025 CERTIFICATE NUMBER: NANPO0066597

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| Boone County School District 8330 U.S. 42 Florence, KY 41042 |
| |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2025

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 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).

| certificate holder in lieu of such endorsement(s). | | | | | | | | | | | |
|---|--|-----------------------|--|-----------------|--|--|----------------------------------|------------|-------|----------------------|--|
| PRODUCER CONTACT NAME: Joseph Guerrero | | | | | | | | | | | |
| DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance | | | | | PHONE (A/C, No, Ext); (800) 364-2433 FAX (A/C, No); (818) 980-1595 | | | | | | |
| Brokers | E-MAIL ADDRESS: Support@rvnuccio.com | | | | | | | | | | |
| 10148 Riverside Drive | | | | | INS | URER(S) AFFOR | RDING COVERAGE | | | NAIC# | |
| Toluca Lake, CA 91602 | | | ···· | INSURE | RA: Firemar | 's Fund Insu | rance Company | | | 21873 | |
| INSURED | | | | INSURE | RB: Axis Ins | игапсе Сотр | oany | | | 37273 | |
| Steeplechase Elementary PTO | | | | INSURE | RC: | | | | | | |
| 11164 Chatsworth Court | | | | INSURE | RD: | . <u>-</u> | | | | | |
| Walton , KY 41094 | | | | INSURE | RE:_ | | | | | | |
| | | | | INSURE | RF: | | | | | <u> </u> | |
| | | | NUMBER: | | | | REVISION NUM | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLIC | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN' ED BY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS | DOCUMENT WITH | 1 RESPE | OT TO | WHICH THIS | |
| INSR LTR TYPE OF INSURANCE | ADDL INSR | Subr WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | | |
| A GENERAL LIABILITY | ✓ | | UST021067240 | | 10/19/2025 | 10/19/2026 | EACH OCCURRENCE | | \$ | 1,000,000 | |
| ✓ COMMERCIAL GENERAL LIABILITY | | | NANPO0070520 | | | | DAMAGE TO RENTI PREMISES | ED | \$ | 100,000 | |
| CLAIMS-MADE ✓ OCCUR | | | | | | | MEDICAL EXPENSE | <u> </u> | \$ | 5,000 | |
| | | | | | | | PERSONAL & ADV | INJURY : | s | 1,000,000 | |
| | | | | | | | GENERAL AGGREC | SATE | \$ | 2,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP | P/OP AGG | \$ | 2,000,000 | |
| ✓ POLICY PRO- JECT LOC | | | | | | | | | \$ | | |
| AUTOMOBILE LIABILITY | 1 | | | | | | COMBINED SINGLE | LIMIT | \$ | | |
| ANY AUTO | | | | | | ļ | BODILY INJURY (Per person) \$ | | | | |
| ALL OWNED SCHEDULED AUTOS NON-OWNED | . | | | } | | | BODILY INJURY (Pe | - 1 | \$ | | |
| HIRED AUTOS AUTOS | | | | | | | PROPERTY DAMAG (Per accident) | <u> </u> | \$ | | |
| | | | <u> </u> | | | | | | \$ | | |
| UMBRELLA LIAB OCCUR | | | | | | ļ | EACH OCCURRENCE | CE . | \$ | | |
| EXCESS LIAB CLAIMS-MADE | | | | Ì | | | AGGREGATE | | \$ | | |
| DED RETENTION \$ WORKERS COMPENSATION | | | | | | | IAIC CTATIL | IOTR | \$ | | |
| AND EMPLOYERS' LIABILITY Y/N | | | | | | | WC STATU- TORY LIMITS | OTH- ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE N/ | | | | | | | E.L. EACH ACCIDEN | - 1 | \$ | | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | ļ | | į | E.L. DISEASE - EA E | | - | | |
| | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | | |
| A Directors and Officers | | | NPODO0079235 | | 10/19/2025 | 10/19/2026 | | | | \$1,000,000 | |
| A Sexual Misconduct Liability | | | NANPO0070520 | | | 10/19/2026 | | | \$1 | ,000,000/\$1,000,000 | |
| Additional Insured: Steeplechase Elementary PTO 12000 Grand National Blvd. Walton, KY 41094 / Sexual Misconduct Liability included. Event Description: for Steeplechase PTO activities approved and scheduled by the school for 2025-2026 school year Start Date: 10/19/2025 End Date: 10/19/2026 | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANC | ELLATION | | | | _ | | |
| Boone County School District | Boone County School District SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | |
| 8330 U.S. 42 | | | ŀ | AUTHOR | RIZED REPRESEN | TATIVE | | | | | |
| Florance KY 41042 | | | | | Joseph Guerrero | | | | | | |

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| Boone County School District |
| 8330 U.S. 42 |
| Florance, KY 41042 |
| |
| · |
| |
| |
| |
| |
| |
| · |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.