

## **MEMORANDUM OF AGREEMENT**

### **Between Hopkins County Archery Programs and West Kentucky Archery Complex**

**This Memorandum of Agreement (MOA)** is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2025, by and between **Hopkins County Schools**, hereinafter referred to as "HCPS," and **West Kentucky Archery Complex**, located at, hereinafter referred to as "WKAC."

#### **Purpose**

The purpose of this MOA is to establish the terms and conditions under which the HCPS archery teams will be allowed to use the facilities of WKAC for practices and tournaments annually from October 1<sup>st</sup> through May.

#### **Terms and Conditions**

##### **1. Facility Use**

WKAC agrees to allow HCPS archery teams access to the facility for practices and tournaments set by the WKAC.

##### **2. Schedule**

- HCPS archery teams will work with the WKAC in scheduling events accordingly

##### **3. Supervision & Conduct**

- All HCPS archery practices and tournaments will be supervised by a school-appointed coach or staff member.
- Students will be expected to follow all WKAC rules and standards of conduct while on WKAC premises.

##### **4. Liability and Insurance**

- HCPS will maintain appropriate liability insurance coverage for its students and staff while on WKAC property.
- WKAC will not be held liable for injuries or accidents occurring during practices or tournaments, except in cases of proven negligence on the part of WKAC.

**5. Fees**

- o The WKAC will charge an archer fee of \$50.00 annually for the use of the facility during this time to cover expenses.

**6. Duration of Agreement**

This agreement will be effective from September 8, 2025, and will remain in effect through the conclusion of the 2025/2026 archery season, unless terminated earlier by either party with written notice of at least 30 days.

**7. Amendment & Renewal**

This MOA may be amended in writing by mutual consent of both parties. Renewal discussions for future seasons will occur prior to the start of the next archery season.

**Signatures**

By signing below, both parties agree to the terms outlined in this MOA.

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**For West Kentucky Archery Complex**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Hopkins County Board of Education**

Name: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Board Chairperson: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_