

# **Issue Paper**

#### **DATE**:

**September 15, 2025** 

#### **AGENDA ITEM (ACTION ITEM):**

Consider/Approve Community Use Facility contract with the Rivertown Rumble for use of the Simon Kenton High School and Scott High School stadiums on November 15 and 16, 2025.

#### APPLICABLE BOARD POLICY:

05.3 Community Use of Facility

#### **HISTORY/BACKGROUND:**

The Rivertown Rumble would like to host local youth football games at Simon Kenton High School and Scott High School.

#### **FISCAL/BUDGETARY IMPACT:**

None

#### **RECOMMENDATION:**

Approval Community Use Facility contract with the Rivertown Rumble for use of the Simon Kenton High School and Scott High School stadiums on November 15 and 16, 2025.

#### **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.

## Facility Use Contract

This agreement made by and between the Kenton County Board of Education, the school Principal.

and the Superintendent/designee authorized superint	so to act by direction of the Board of Education and referred to as "user" of the school facilities hereinafter
described. The user is a: (Check One):p	profit organization X non-profit organization/FEIN
\$ 86-3039372	
Category of user (1-5) (Final determina	ation of category is made by Superintendent/designee).
WITNESSETH:	
The school Principal does hereby agree particularly described as follows:	to permit user to utilize certain school facilities more
Sinon Kenton & Scott	
at the following times and dates:	15-16 8an - 8pm subject to the

- 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.

### **Facility Use Contract**

- 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.

(Diana initial) IK

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 minal)	_userschool repr	esemanye
Applicable Fees:  Rental fee: 400 0000  Custodial fee: 48  Supervisory fee: 435  Equipment fee:	per hr. (min 2 hours) per hr. (min 2 hours) _ per hr. (min 2 hours)	Rental fee total: 800  Custodial fee total: 1/52  Supervisory fee total: 840  Equipment fee total:
Other fees:		Other fees total:
weeks after contracted event.  Total Fees:	Dеро	signing; remainder to be paid within two (2
Checks are payable to Kenton	County Board of Educa	tion.
Supervision/Custodial Suppor	t Details:	
Misc. Considerations:	scalar actual	Bell using

.....COV asks all manness that in

# **Facility Use Contract**

Tame of School: SIMON KENTON	.s Rivertou	in Rimble	LLC
	Name	of Renting Organi	zation "User"
	Justin K	lump - River	an Lynte
		er" Representative	
	2170 N	· DeglarNE	zv
		Address	
	WEST HA	MUSON IN	47040
	City	State	Zip
	(854) 143	5117	
		Phone Number	
	Jecump 6	GAML . UM	
		E-Mail Address	
Name			
Address			
Telephone Number			
E-Mail Address			
WITH THE COLUMN THE PARTY OF TH	d dl Chr d / d	iones for and on h	-1-16-64b-
VITNESS WHEREOF the Principal ared of Education and the user hereunto	et their hands this	day of Och	
5 . Contracts for recurring events			
Questin Klump	/	P19	
ature of "User" Representative	Pri	incipal	
Sup	rintendent/designee		

Facility!	Use Contract		
Name of School: Scott High Sula	Rivertown R	umble LLC	
	Name of Re	enting Organiz	ation "User"
	Justin Klum	p	
	Name of "User" R	epresentative (	(Print)
	2170 N Dear	born Rd	•
	Addi	ress	
	West Harrison	IN	47060
	City	State	Zip
	(859) 743-	-5117	
	Phon	e Number	
	236	'1 A J J	
If responsible individual is other than then the "I		il Address	
please identify that individual. Responsible individ			use of facility
Address			
Telephone Number			
E-Mail Address			
IN WITNESS WHEREOF the Principal and the Su Board of Education and the user hereunto set their la 20 Dec. Contracts for recurring events expire on Signature of "User" Representative	hands this da	y ofOct	alf of the
	•		
Superintender	nt/designee	•	



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

C	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT HIS CERTIFICATE OF INSURANCE I R PRODUCER, AND THE CERTIFICA	DOES	OR NOT	IEGATIVELY AMEND, E CONSTITUTE A CONTR	EXTEND OR AL	TER THE CO	VERAGE AFFORDED BY	THE POLICIES BELOW
TN Si	PORTANT: If the certificate holder JBROGATION IS WAIVED, subject artificate does not confer rights to the	is an	ADDI	TIONAL INSURED, the	endorsement/s			ons or be endorsed. it. A statement on thi
	ODUCER				CONTACT NAME	Mass Merch	nandising Underwriting	
	K Insurance Group, Inc.				PHONE (A/C, No. Ext):	1-800-426-2	2889 (A/C, No):	1-260-459-5105
	1712 Magnavox Way Fort Wayne IN 46804				ADDRESS: PRODUCER CUSTOMER ID:	info@sports	insurance-kk.com	
1					ODS TOMER ID.	INSURER(S)	AFFORDING COVERAGE	NAIC #
INS	RURED				INSURER A:		ty Insurance Company	26883
	vertown Rumble LLC				INSURER B:	•		
	70 North Dearborn Rd				INSURER C:			
	est Harrison, IN 47060 Member of the Sports, Lelsure & Enter	rtainme	ent RP	og.	INSURER D:			
1				_	INSURER E:			
					INSURER F:			
C	OVERAGES			CERTIFICATE NI	JMBER: W0284	15786		REVISION NUMBER:
ISS SU	IS IS TO CERTIFY THAT THE POLICIES ( TWITHSTANDING ANY REQUIREMENT, FUED OR MAY PERTAIN, THE INSURANC CH POLICIES, LIMITS SHOWN MAY HAV	TERM CE AFF E BEEN	OR CO ORDE	ONDITION OF ANY CONTR D BY THE POLICIES DESC	ACT OR OTHER RIBED HEREIN I	DOCUMENT W S SUBJECT TO	ATH RESPECT TO WHICH TH	IS CERTIFICATE MAY BE
LTF	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MWDD/YY)Y)	POLICY EXP (MM/DD/YYYY)	LIM	TTS .
A	X COMMERCIAL GENERAL LIABILITY	X		9YAPG0001334486200	11/16/2024	11/18/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
	CLAIMS- MADE X OCCUR				12:01 AM EDT	12:01 AW	PREMISES (Es Occurrence)	\$1,000,000
			1				MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OF AGG	\$1,000,000
	POLICY PRO- LOC						PROFESSIONAL LIABILITY	
	OTHER:						LEGAL LIAB TO PARTICIPANTS	Excluded
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	
	OTUA YNA						BODILY INJURY (Per person)	
	OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NOT PROVIDED WHILE IN HAWAIL						PROPERTY DAMAGE (Per accident)	
_	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION				1			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ Y/N	N/A					STATUTE OTHER E.L. EACH ACCIDENT	14
	EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	MEDICAL PAYMENTS FOR PARTICIPANTS			9YAPG0001334486200	11/16/2024	11/18/2024	PRIMARY MEDICAL	
					12:01 AM EDT	12:01 AM	EXCESS MEDICAL	Excluded
Leg: Eve The See CEF Ken: 5400	cription of operations / Locations / ver al Liability to Participants (LLP) limit is nt Name: Rivertown Rumble, Event Ty nt Location: Scott High School, 5400 ( certificate holder is added as an addit Attached Additional Remarks Schedu RTIFICATE HOLDER ton County Board of Education Old Taylor Mill Rd or Mill, KY 41015 ner/Lessor of Premises)	a per pe: E: Old Ta llonal i	occurr vent D ylor M	ence limit. ate: 11/16/2024 to 11/17/ ill Rd, Taylor Mill, Kentuc i, but only for liability cau  CANCEL SHOULD THE E ACCORI AUTHORIZ	dula, may be attach 12024 ky 41015 sed, in whole or	in part, by the  ABOVE DES  ATE THER  HE POLICY P	acts or omissions of the na	amed insured.

Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas