

Use Agreement

This agreement made by and between the Boone County Board of Education, Stacey Black _____ as Principal authorized so to act by direction of the Board of Education and NKCCA _____ 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:

Use Boone County High School to host the Northern Kentucky Cheerleading Coaches Association Cheerleading competition. _____

at the following times and dates: January 23, 2026 from 5:00 to 9:00 and January 24, 2026 from 7:00am to 5:00 pm _____

_____ subject to the following terms and conditions:

1. The school property identified above may be utilized by the User as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the User. The utilization of the premises by the User is a privilege extended to the User by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the Principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by User may be cancelled or preempted by Principal 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 behalf of the Board of Education and the User
hereunto set their hands this 17th day of September, 20 2025.

Boone County High School SCHOOL

BY: Stacey Black

PRINCIPAL

Karin Brown
USER

7056 Burlington Pike

ADDRESS

Florence

KY

41042

CITY

STATE

ZIP

859-282-5655

PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/26/2025

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(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).

PRODUCER Bilz Insurance 909 Wrights Summit Pkwy Ste 210 Fort Wright KY 41011		CONTACT NAME: Missy Sweeney PHONE (A/C, No, Ext): (859) 431-1235 E-MAIL ADDRESS: missys@bilzins.com FAX (A/C, No):	
INSURED Northern Kentucky Cheerleading Coaches Assoc c/o Gayle Trame 3168 Windermere Hill Latonia KY 41015		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Holding Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # C00295	

COVERAGES **CERTIFICATE NUMBER:** 24/25 Master revised **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A982456	09/22/2024	09/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			2080529	03/01/2025	03/01/2026	Directors & Officers Liab \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For use of premises made available to Northern Kentucky Cheerleading Coaches Association for all of the insured's activities

CERTIFICATE HOLDER

CANCELLATION

Boone County Public Schools 8330 U.S. Highway 42 Florence KY 41042	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 <i>Michelle Sweeney</i>
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SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Fee Schedule

GYMNASIUM

Community Recreational Use	\$ 25.00 per hour
Other Uses	\$100.00 per hour
	3 hour minimum

CAFETERIA/KITCHEN FACILITIES

	\$100.00 per hour
	3 hour minimum

HIGH SCHOOL AUDITORIUM

	\$100.00 per hour
Gym with stage/Cafeteria with stage	3 hour minimum

The hourly rate plus fixed charges and overtime, when appropriate, will be charged for employees necessary to facilitate building rental.

Review/Revised:7/21/2011

07/03/2025

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 9/17/2025

Requestor's Contact Information

Name: Katrina Lawson

Organization: Northern Kentucky Cheerleading Coaches Association (NKCCA)

Does this organization have non - profit status? ☒ Yes ☐ No

If yes, please attach documentation.

Contact number: 859-468-7574

Email address: katrina.lawson@boone.kyschools.us

School / Location Requested

Boone County High School

List all areas needed:

Auxillary Gym, Main Gym, Library

**** ex. Auditorium, football field, practice field, parking lot, classrooms (list number needed) kitchen, cafeteria etc.**

Date(s) of program / event : 1/23/2026 and 1/24/2026

Program/ event time: Cheerleading Competition - 5:00pm (1/23) to 5:00 pm (1/24)

Actual time needed: 11 hours Include set up / tear down / clean up / restoration time

Expected number of attendees: 1,000

Is 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.

07/03/2025

Social media. Postings have not been made yet.

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?

The board for the NKCCA as well as police officer in attendance

Purpose of the event / program:

Cheerleading Competition

Safety and Emergency Procedures:

See Attached

Inclement Weather Plan :

N/A - Event is indoor in January. If snow prevents travel to the competition, the event will be canceled.

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.

Custodians will be paid to clean, trash removal. Equipment will be picked up by company that delivered it.

For outdoor only events:

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

School Facilities - Custodian will be in attendance.

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.

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; RR 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; RR Initials
 - c. Agreement to observe all fire and safety regulations; RR Initials
 - d. Agreement that the use of any tobacco product, alternative nicotine product, or vapor product shall not occur on or in all property. The use of alcoholic beverages is prohibited in school buildings or on school grounds; RR Initials
 - e. Observance that no immoral or illegal activity shall be allowed on the premises; RR Initials
 - f. The presence of a school custodian at all times. The hourly wage of the custodian(s) must be included in the contract along with the social security and retirement payments required by law. If the custodian is employed beyond the normal 40-hour week that he works for the Board, overtime wages must be paid. RR 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. RR Initials
 - h. Agreement that no kitchen equipment may be used outside the building; RR Initials
 - i. Agreement that no alterations to the buildings or grounds be made without prior approval; RR 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; RR Initials
 - k. Agreement that school equipment shall not be a part of the rental contract unless specifically enumerated; RR Initials
 - l. 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. RR Initials
 - m. Agreement that only the agreed upon, assigned areas / spaces of the property may be used. RR 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. HR **Initials**
- o. Agreement that there are to be no alterations to designated handicap parking spaces through the addition of or removal of signage HR **Initials**

REFERENCES:

KRS 158.149; KRS 162.055; KRS 438.050; KRS 438.305

OAG 81-295

P. L. 114-95, (Every Student Succeeds Act of 2015)

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



NKCCA Emergency Action Plan (EAP)

Event Name: NKCCA Winter Competition Event Date 1/24/2026

Event Location: Boone County High School

Event Director(s): Katrina Lawson, Michelle Schuster

First Aid Staff: BCHS Athletic Trainers

Roles of First Responders:

Immediate care of the injured or ill participant/instructor/guest/staff member

Emergency equipment retrieval

Emergency Medical Services (EMS) Phone # if not 911: (859) 212-5200

Most of the time you will call 911; however, review venue procedures. Is there an EMS number for the venue in addition to calling 911?

EMS Protocol: Provide name, title or position, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested

Direct EMS to the scene

Open appropriate doors

Designate an individual to "flag down" EMS and direct them to the scene

Scene control: Limit scene to first aid providers, provide privacy for the injured person (usually through blocking with towels/barrier/personnel), and move bystanders away from the area

Facility Addresses: 7056 Burlington Pike, Florence

Directions to the Facility: Exit Turfway Rd, Turn Right, Turn Right, School is on the right. Exit Burlington Pike and turn Right, School will be on the left.

Emergency Personnel Name and Phone Numbers:

Staff locations may change throughout the event.

First Aider Name: Katrina Lawson Phone Number: 859-468-7574

First Aider Name: Michelle Schuster Phone Number: 859-905-8535

Event Director Name: Katrina Lawson Event Director Phone Number: 859-468-7574

AED Location(s): BCHS Gymnasium

Hospital Name: St. Elizabeth Florence

Hospital Phone Number: (859) 212-5200

Hospital Directions: Exit Turfway Rd, and Turn Right, The Hospital is on the left

In the event of an emergency or situation that involves the safety and/or security of our athletes, coaches, guests, spectators, and staff the following actions will take place:

- 1. An Event Director or designated staff member will communicate with the host site staff to determine the best course of action based on the current situation.**
- 2. An Event Director or designated staff member will communicate details of the situation as well as the actions to be taken with event staff.**
- 3. The event staff will communicate with the coaches and advisors/gym owners the details of the situation as well as the actions to be taken and will then assist athletes, coaches, and attendees in taking any necessary actions.**
- 4. An Event Director or designated staff member will keep in contact with the host site staff for any updates or changes in the situation as needed.**
- 5. If the situation changes or if further actions need to be taken an Event Director or designated staff member will communicate this to the event staff who will communicate with the coaches, attendees, and staff. Event staff will then assist coaches, athletes, attendees, and spectators in taking any necessary actions.**
- 6. Throughout this process an Event Director or designated staff member will communicate with the NKCCA President and keep them informed of the situation, the steps that have been taken, and the current state of safety and/or security of all athletes, coaches, attendees, and staff members as well as update them of any and all changes as they occur.**
- 7. The safety and/or security of all athletes, coaches, and staff members are always our top priority!**