Use Agreement

| This agreement Show | t made | by | and | between | the | Boone | County | Board | of | Education, |
|---------------------|------------|---------|---------|-----------|---------|----------|----------|--------|-------|--------------|
| Matt Sh | ater | | | _ as Pr | incipal | authoriz | ed so to | act by | direc | ction of the |
| Board of Educat | tion and | R | aide | er llo | wth | Wres | Hing | hereir | after | referred to |
| as "User" of the | school fac | cilitie | s herei | nafter de | scribed | | 1 | | | |

WITNESSETH:

| The Principal does hereby agree to permit User to utilize certain school facilities more |
|--|
| particularly described as follows: |
| Practice gym-Nov/st 2025-Febleth 2026 (7:00-8:30pm) Mondays days |
| Main Gim, (Giteteria (Dec 14th Gam-Gpm) Kestrooms |
| at the following times and dates: Small frum Nov 1 St 2025 - Fibith 2025 7-00-8:30 PM |
| Dec 14th Cam-Copm) subject to the following terms and conditions: Mont Wed |

- 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.
- 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 behalf of the Board of Education and the |
|--|
| User hereunto set their hands this 17 day of September , 20 25. |
| |
| SCHOOL |
| The school of th |
| BY: / (dt flw) |
| PRINCIPAL |
| |
| Youth Wrestling / Paige Montel |
| USER |
| |
| 10682 Aspen Mace |
| ADDRESS |
| |
| Union Ry 41091 |
| CITY STATE ZIP |
| 859-393-6161 |
| PHONE NUMBER |

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



CERTIFICATE OF LIABILITY INSURANCE

09/01/2025

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), CONTACT Tricia Rudnick
NAME: Tricia Rudnick
PHONE
(AC. No. Esp.: 701-451-5482
E-MAIL
AOORESS: tricia rudnick@marshmma.com PRODUCER Vaaler Insurance, A Marsh & McLennan Agency LLC Company FAX (AIC, No): 701-235-9405 4803 38th St S STE 101 Fargo ND 58104 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Clear Blue Insurance Company 28860 UNITSTA-02 INSURED INSURER B: Texas Insurance Company 16543 Raider Youth Wrestling waurer c: Underwriter's at Lloyd's, Lond 10682 Aspen Place Union, KY 41091 INSURER D : NSURER E : INSURER F: COVERAGES **CERTIFICATE NUMBER: 276968828 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. ADOL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) NSR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY CZ26CQGL0013-00 9/1/2025 9/1/2026 EACH OCCURRENCE DAMAGE TO RENTEO PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE X OCCUR **5** 1,000,000 Х PER EVENT MED EXP (Any one person) \$ 5.000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 PRO-JÉÇT POLICY PRODUCTS - COMP/OP AGG 5 2,000,000 OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED AUTOS ONLY 800iLY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) AUTOS ONLY \$ UMBRELLA LIAB BESGLXTC0011501_170525_02 9/1/2026 9/1/2025 OCCUR EACH OCCURRENCE \$ 5,000,000 X EXCESS LIAB CLAIMS-MADE AGGREGATE \$ 5,000,000 RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory iπ NH) E.L. DISEASE - EA EMPLOYEE S f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT С Abuse/Molestation Abuse/Molestation B0621PUSAW000125 \$1,000,000 9/1/2025 9/1/2026 Any One Victim Aggregate-All Victims \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) NOTE: This certificate of liability insurance is in effect for chartered club practices, of which all participants MUST be individual members of USA Wrestling. No liability coverage extends to any event that the club may host. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Boone County Public Schools** Attn: Jeff Hauswald 8330 U.S Highway 42 AUTHORIZED REPRESENTATIVE Florence, KY 41042

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 Aug 28, 2025 |
|--|
| Requestor's Contact Information Name: Paige Montel |
| Organization: Raider Youth Wrestling |
| Does this organization have non - profit status? X Yes No If yes, please attach documentation. |
| Contact number: 859-393-6161 |
| Email address; Paigethomas 14 agmail.com |
| School/Location Requested Ryle High School / Practice gym, main gym |
| Practice gym , (main gym, Cafeteria)-for townsment, Concession stand ** ex. Auditorium, football field, practice field, parking lot, classrooms (list number needed) kitchen, cafeteria etc. |
| Date(s) of program / event: Practice Start Nov 1 - Feb 6, Tournament Dec 14,202 |
| Program/ event time: Practice 2 Nights a Week 7-830p, Tamament 6a-6 |
| Actual time needed: Practice 2 Night/veek - 7p-9P Include set up / tear down / clean up / restoration time Tournament Dec 14 6a - 6p |
| Expected number of attendees: Practice (a) Tournament 1000 |
| Is this event part of a fundraiser? YesX 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.

| Flyer is Sent to local youth wrestling teams. Flyer is posted on Raider Youth wrestling Facebook Page. |
|--|
| 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? Paige montel at practices. For Tournament - Paige Montel. Tim Ruschell, Adam Coleman. |
| Purpose of the event / program: A youth Wrestling program aims to develops physical fitness, discipline and self Confidence in young athletes through training + Competition. The Program fosters personal growth, teamwork, and love for the Sport. These youth help build the future high School men and women wrestling team. |
| Safety and Emergency Procedures: A designated Safety + emergency Plan will be in place including onsite Medical personnel, Clearly Marked exits, and immediate access to first and Supplies + contacts. All volunteers will be brefed on emergency productores Including injuries response, evacuation, and Communication Step with parents |
| Inclement Weather Plan: Tournament I practice organizers will monitor local forcest and communicate any Schedule Changes or concellation with participants via text, email and social media. If weather during event happens, activities will be passed, and attenders will be directed to designated indoor safe areas until conditions improve |
| 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. Volunteer team to Clean gym, bleaches, Common space, Cateterna, Concession Stand and ensure all trash is picked up and equipment is left in orginal condition. Trash recycling will be collected and opposed properly. We will have a constadial staff there also |

For outdoor only events:

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

We will be using upstairs Restroom in the maingym.

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; ______ 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; PM Initials
 - c. Agreement to observe all fire and safety regulations; PM 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; __DM___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.

 [PM] Initials

 - 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; Pm Initials

 - 1. 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.

 Initials

REFERENCES:

<u>KRS 158.149; KRS 162.055; KRS 438.050; 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

VOLTH TOURNAMENT

DATE:

Sunday, December 14, 2025

LOCATION:

Ryle High School (Gymnasium), 10379 US Hwy 42, Union KY 41091

WEIGH IN:

At your home wrestling club by Wednesday, December 3rd using the honor system. We will spot random wrestlers from each club to verify weight. Any major infraction will result in the dismissal of the team with no refund.

REGISTRATION:

Email team roster to Paige Montel at Paigethomas 1442 email comby 10 PM on Wednesday, December 10th.

The roster should be in EXCEL and include:

Last Name, First Name, Birth Year, Weight, and Experience (e.g., First Year=0)

NO REGISTRATION OR WEIGH-IN ON THE DAY OF THE TOURNAMENT

FEE:

\$20.00 per wrestler. A single check will be collected from each team representative by 8:30 AM Sunday morning prior to coaches receiving floor passes and team packets. The check amount must include the total for all names submitted on the team roster. No refunds for withdrawals, Make the check payable to "Raider Wrestling."

SCHEDULE:

BRACKETS:

- Weight classes to be determined after rosters are received
- When possible, separate brackets will be created in each session for 1st year wrestlers, numbers permitting

• Double elimination; eight-person brackets max

- (KY HS Rules) Three (3) one-minute periods; sudden victory overtime then 30 sec ride out rules
- Technical fall at 10-point differential

FORMAT:

Medals for top 4 placers in each bracket.

Spectator Admission is FREE

AWARDS:

Concessions will be open all day, No Coolers, Coaches/Wrestlers only on gym floor

Call or text Paige Montel (859) 393-6161 with any questions

OTHER:

QUESTIONS: