

Use Agreement

This agreement made by and between the Boone County Board of Education, Matt Shafer as Principal authorized so to act by direction of the Board of Education and Grossroots Tourney/Sara Piepho 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:

Gym, Aux Gym, Restroom

at the following times and dates: 11/16/25, 12/21/25, 12/28/25, 1/11/26, 1/18/26, 1/25/26, 2/1/26, 2/15/26, 3/1/26, 3/22/26, 4/26/26, 6/7/26 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 _____ day of _____, 20 _____.

Ryle High SCHOOL

BY: _____

PRINCIPAL

Grassroots Turnneys
USER

101641 Trevor Dr.
ADDRESS

Aurora IL 47001
CITY STATE ZIP

513-578-5703
PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2025

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 Mitchell Insurance - PC 7450 Industrial Pkwy Plain City OH 43064		CONTACT NAME: Ryan Anthony PHONE (A/C, No, Ext): (614)873-1088 E-MAIL ADDRESS: ranthony@insurance-mitchell.com FAX (A/C, No): (614)873-6996	
INSURED Grassroots Tournaments 1080 60th St SE Grand Rapids MI 49508		INSURER(S) AFFORDING COVERAGE INSURER A : West Bend INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****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
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		C246637	10/15/2025	10/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	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 \$

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

CERTIFICATE HOLDER**CANCELLATION**

Boone County Public Schools Attn: Jeff Hauswald 8300 US 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
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Fax: Email:

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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 10/3/25

Requestor's Contact Information

Name: Sara Piepho / Larry Copeland

Organization: Grassroots Tournaments

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

If yes, please attach documentation.

Contact number: 513-578-5703

Email address: grassrootstouneys@gmail.com
spiepho13@gmail.com

School / Location Requested Ryle High School

List all areas needed:

Gym, Aux Gym, Restrooms

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

Date(s) of program / event : 11/16/25, 12/21/25, 12/28/25, 1/11/26, 1/18/26, 1/25/26, 2/1/26, 2/15/26
3/1/26, 3/22/26, 4/26/26, 6/7/26

Program/ event time: 8:00am - 8:00pm

Actual time needed: 8:00am - 9:00pm Include set up / tear down / clean up / restoration time

Expected number of attendees: 350

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

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?

Grassroots staff and Ryle Girls Basketball

Purpose of the event / program:

Fundraiser for Ryle Girls Basketball & Grassroots Tournaments

Safety and Emergency Procedures:

We will follow all district guidelines

Inclement Weather Plan :

We will adhere to all district policies. If cancellation or a delay is required Grassroots will rework the schedule & communicate. We will not reschedule the Event

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.

Grassroots and Ryle Girls Basketball will restore the facilities to pre-rental condition.

For outdoor only events:

07/03/2025

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

We will use school facilities

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; SP 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; SP Initials
 - c. Agreement to observe all fire and safety regulations; SP 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; SP Initials
 - e. Observance that no immoral or illegal activity shall be allowed on the premises; SP 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. SP 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. SP Initials
 - h. Agreement that no kitchen equipment may be used outside the building; SP Initials
 - i. Agreement that no alterations to the buildings or grounds be made without prior approval; SP 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; SP Initials
 - k. Agreement that school equipment shall not be a part of the rental contract unless specifically enumerated; SP 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. SP Initials
 - m. Agreement that only the agreed upon, assigned areas / spaces of the property may be used. SP 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. SP Initials
- o. Agreement that there are to be no alterations to designated handicap parking spaces through the addition of or removal of signage SP 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)

REQUEST FOR SALES CAMPAIGN OR SOLICITATION OF FUNDS BY STUDENTS *

SCHOOL Ryle FACULTY ADVISOR(S) Katie Hartz
 SPONSORING CLUB OR ORGANIZATION Girl's Basketball
 PROPOSED DATE TO START AND END CAMPAIGN See Attachment of Dates - Turn in w/ gym request
 WHAT IS TO BE SOLD AND HOW Hosting AAU Tournaments

COMPANY FURNISHING PRODUCT Hustle AAU Program - Sent in
 COMPANY ADDRESS All info w/ gym request
 PROFIT AGREEMENT WITH COMPANY (EXAMPLE 60/40) 100% profit for us
 ESTIMATED PROFIT TO BE REALIZED Based on how many dates 5,000 - 10,000
 EXPLAIN REASON FOR THE NEED OF FUNDS (JUSTIFY NEED) Travel, Equipment
3 Team bonding

DOES THIS FUNDRAISER VIOLATE TITLE IX EQUITY ISSUES? YES ☒ NO

CURRENT ACCOUNT BALANCE \$ 11,147.74 as of 9/16/25

FINANCIAL SECRETARY SIGNATURE John
 PLEASE CONFIRM FUNDRAISER IS REDBOOK COMPLIANT (initial) JH

As Faculty Advisor I am familiar with procedures for accounting for funds outlined in "A Uniform Program of Accounting for School Activity Funds".

ADVISOR SIGNATURE <u>Katie Hartz</u>	DATE: <u>9/15/25</u>
PRINCIPAL APPROVAL <u>[Signature]</u>	DATE: <u>9/18/25</u>
FINANCE APPROVAL <u>Katie Noonan</u>	DATE: <u>9/29/25</u>
SUPERINTENDENT APPROVAL <u>Kim Best</u>	DATE: <u>9/29/25</u>

FLYER: YES ☐ NO ☒ FLYER NEEDS APPROVAL FOR DISTRIBUTION, PLEASE ATTACH FLYER APPROVAL _____

****PLEASE COMPLETE INFORMATION BELOW AND RETURN TO FINANCE OFFICE WITHIN 30 DAYS OF CAMPAIGN!****

FINAL AMOUNT COLLECTED FROM THIS CAMPAIGN: _____

DESCRIBE USE OF FUNDS COLLECTED AND EXPENDITURES: _____

ADVISOR SIGNATURE: _____ DATE: _____