

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Jennifer Woolf as Principal authorized so to act by direction of the Board of Education and PTSO 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, Cafeteria, playground

at the following times and dates: Saturday 11/8/25

8am - 2pm

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 and permission for use may be terminated without cause by notice from Principal.
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.

Use Agreement

IN WITNESS WHEREOF the Principal for and on behalf of the Board of Education and the User hereunto set their hands this 6th day of November, 2025.

Conner Middle School

BY: Jennifer Wood
PRINCIPAL

A. Martin
USER

3300 Cougar Path
ADDRESS

<u>Hebron</u>	<u>KY</u>	<u>41048</u>
CITY	STATE	ZIP

CMS 859-334-4410
PHONE NUMBER

Mackensi Macken, PISO, 859-640-5000
Angel Martin, PISO, 859-816-403



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2024

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
Bene-Marc, Inc.
6303 Southwest Blvd., Suite 101
Fort Worth, TX 76132-1063
(800) 247-1734

CONTACT
NAME:
PHONE (A/C No, Ext): (800) 247-1734 FAX (A/C No): (817) 738-1811
E-MAIL
ADDRESS: contact@bene-marc.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Philadelphia Indemnity Insurance Company NAIC# 18058

INSURED
School Support Purchasing Group and all its Members and their
Officers, Directors & Volunteers

INSURER B: AXIS Insurance Company 37273

INSURER C: Tokio Marine Specialty Insurance Company 23850

INSURER D:

INSURER E:

INSURER F:

Conner Middle School - 1000075056

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
G.	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	PPK2432963-009	10/19/2024	10/19/2025	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000*
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 2,000,000
	OTHER:					GENERAL AGGREGATE \$ 4,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMPO/AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					*Medical Exp for Spectators Only
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTIONS				\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
B	Excess Accident Medical		SRPO-30002-4002-1000075056	10/19/2024	10/19/2025	E.L. DISEASE - EA EMPLOYEE \$
C	Crime-Employee Dishonesty		PSD1719637-006	10/19/2024	10/19/2025	E.L. DISEASE - POLICY LIMIT \$

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

Coverage also includes:

C Directors & Officers Liability PSD1719641-006 10/19/2024 10/19/2025 Limit \$1,000,000/\$2,500 Retention

CERTIFICATE HOLDER

Conner Middle School - 25359

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.

AUTHORIZED REPRESENTATIVE

Alisa Lynn Hall

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 11/7/26

Requestor's Contact Information

Name: Angel Martin

Organization: CMS PTSD

Does this organization have non - profit status? X Yes No
If yes, please attach documentation.

Contact number: 859816 1403

Email address: angel.martin0829@gmail.com

School / Location Requested Conner Middle School

List all areas needed: Gym, parking, Cafeteria, restrooms

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

Date(s) of program / event : 11/7 evening - 11/8

Program/ event time: 9am - 2pm

Actual time needed: 4pm - 8:30pm 7th Include set up / tear down / clean up / restoration time
6:45 am - 4pm 8th

Expected number of attendees: 500 - rotating

Is this event part of a fundraiser? ~~No~~ Yes ~~No~~ ** If yes, please attach a copy of the submitted fundraiser approval X Yes ✓

How is this event/ program being advertised? Please attach any relevant flyers, media notices, social media postings, registration information etc.

07/03/2025

Signs Facebook

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?

PTSO

Purpose of the event / program:

Holiday event Craft show

Safety and Emergency Procedures:

per normal school emergency # doors

Inclement Weather Plan :

shelter in place

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.

PTSO will take care of

For outdoor only events:

07/03/2025

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

School Facilities

This section to be completed by school or district administration

Please initial each item.

gw Administration has reviewed the application in its entirety and has attached all required documents.

gw Administration has checked the **Active Facility and Construction Projects** document to ensure there is no conflict with scheduled work.

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

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

REQUEST FOR SALES CAMPAIGN OR SOLICITATION OF FUNDS BY STUDENTS *

SCHOOL Conner Middle FACULTY ADVISOR(S) McKensi Madden
SPONSORING CLUB OR ORGANIZATION CMS PTSD
PROPOSED DATE TO START AND END CAMPAIGN Nov. 8, 2025
WHAT IS TO BE SOLD AND HOW CMS Vendor Fair

COMPANY FURNISHING PRODUCT N/A
COMPANY ADDRESS N/A
PROFIT AGREEMENT WITH COMPANY (EXAMPLE 60/40) PTSD 100%
ESTIMATED PROFIT TO BE REALIZED \$3000

EXPLAIN REASON FOR THE NEED OF FUNDS (JUSTIFY NEED)
student events, staff & teacher treats, etc.

DOES THIS FUNDRAISER VIOLATE TITLE IX EQUITY ISSUES? YES NO
CURRENT ACCOUNT BALANCE \$ 5444.03 as of 7/31/2025

FINANCIAL SECRETARY SIGNATURE Karen Ball
PLEASE CONFIRM FUNDRAISER IS REDBOOK COMPLIANT (initial) KKB

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 McKensi Madden
PRINCIPAL APPROVAL [Signature]
FINANCE APPROVAL Katie Noonan
SUPERINTENDENT APPROVAL Kim Best

DATE: 8/22/2025
DATE: 8/25/25
DATE: 9/10/25
DATE: 9/11/25

FLYER: YES ☒ NO ☐ FLYER NEEDS APPROVAL FOR DISTRIBUTION, PLEASE ATTACH
FLYER APPROVAL Jami Niederman 9/11/25

****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: _____

*Please reference Board Policy 09.33 for guidelines

Review/Revised 6/28/2024

em af + mm 9/17/25