

Use Agreement

This agreement made by and between the Boone County Board of Education, DAVID FULLER as Principal authorized so to act by direction of the Board of Education and NATIONAL INVENTORIAL HALL OF FAME 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:

CAMP INVENTION - HANDS ON STEM SUMMER CAMP
OFFERED FOR 1 WEEK; REGISTRATION OPEN TO GRADES K-6
 at the following times and dates: JUNE 15 - JUNE 19, 2026, 8AM-430PM

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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Use Agreement

IN WITNESS WHEREOF the Principal for and on behalf of the Board of Education and the User hereunto set their hands this 4th day of December, 20 25.

012 Thornwilde SCHOOL

BY: 
PRINCIPAL

NATIONAL INVENTORS HALL OF FAME
USER

3701 HIGHLAND PARK NW
ADDRESS

NORTH CANTON OH 44720
CITY STATE ZIP

330-316-2308
PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/18/2025

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 AssuredPartners of Ohio, LLC 1485 Corporate Woods Parkway Suite 100 Uniontown OH 44685	CONTACT NAME: Jonathan Oberschlake PHONE (A/C, No, Ext): 440-895-6383 E-MAIL ADDRESS: jonathan.oberschlake@assuredpartners.com	FAX (A/C, No): 440-895-6383
	INSURER(S) AFFORDING COVERAGE	
INSURED National Inventors Hall of Fame Inc. 3701 Highland Park NW North Canton OH 44720	INSURER A : Philadelphia Indemnity Ins Company NAIC # 18058	
	INSURER B : Lloyd's Syndicate CFC 1988	
	INSURER C : Hartford Casualty Insurance Co NAIC # 29424	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER: 478129683** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK2596788006	8/31/2025	8/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			PHPK2596788006	8/31/2025	8/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB879565006	8/31/2025	8/31/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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	N/A	45WBCBJ4ZM2	8/31/2025	8/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER Stop Gap - OH WA E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Cyber Liability			ESO0340480611	8/31/2025	8/31/2026	\$5,000,000 each claim \$5,000,000 Agg
A	Abuse & Molestation			PHPK2596788006	8/31/2025	8/31/2026	\$1,000,000 each claim \$3,000,000 Agg
A	Professional Liab			PHPK2596788006	8/31/2025	8/31/2026	\$1,000,000 each claim \$3,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Automatic Additional Insured per written contract/agreement as provided by form PI-GLD-MK. Ohio and Washington are monopolistic states with Workers Compensation provided by the State of Ohio and State of Washington. Request certificates from insured for Ohio Workers Compensation coverage if needed. Camp Invention - Certificate Holder included as Additional Insured. C-KY60-13857-26

CERTIFICATE HOLDER Boone Co School District 8330 US Highway 42 Florence KY 41042	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 
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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 12/3/25

Requestor's Contact Information

Name: BROOKE WRIGHT

Organization: NATIONAL INVENTORS HALL OF FAME

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

Contact number: 330-316-2308

Email address: bwright@invent.org

School / Location Requested

THORNWILDE ELEMENTARY

List all areas needed: DELTA FIELD
8 CLASSROOMS: RM 106 (HOME BASE), RM 101-105 (CAMP), RM 109-110 (ARRIVAL + DISMISSAL)
** ex. Auditorium, football field, practice field, parking lot, classrooms (list number needed) kitchen, cafeteria etc.

Date(s) of program / event : JUNE 15- JUNE 19, 2026

Program/ event time: 9AM - 3:30 PM

Actual time needed: 8AM - 4:30 PM Include set up / tear down / clean up / restoration time

Expected number of attendees: FIRST YEAR HOSTING - COULD BE BETWEEN 25-100

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.

*** Attached**

07/03/2025

THERE ARE SEVERAL DIFFERENT FLYERS AVAILABLE TO BE USED AT DIFFERENT POINTS OF THE YEAR AND TARGETING DIFF GRADE LEVELS. THE ATTACHED FLYERS WOULD BE UPDATED TO INCLUDE TES CAMP DIRECTOR INFO ONCE APPROVED.

Do you have liability insurance? Yes No ** If yes, please attach a copy of your Certificate of Insurance. **Attached**

Who is responsible for supervision of the attendees of this event / program?

CAMP INVENTION PROGRAM TEAM CONSISTING OF BOONE CO. STAFF, INCLUDING JANA NIELSON AND ALLYSON MURRAY

Purpose of the event / program:

CAMP INVENTION IS A SUMMER DAY CAMP FOR GRADES K-6 FILLED WITH FUN, HANDS-ON STEM ADVENTURES LED BY LOCAL EDUCATORS. THE PROGRAM IS DESIGNED TO SPARK CREATIVITY, BUILD CONFIDENCE, AND IGNITE A LIFELONG LOVE FOR LEARNING

Safety and Emergency Procedures: CAMP INVENTION

~~PLEASE SEE ATTACHED EMERGENCY GUIDE PROVIDED TO SCHOOL~~ HOWEVER - SPECIFIC TO TES...
CAMP STAFF WILL BE TES STAFF WHO WILL FOLLOW THE TES EMERGENCY OPERATIONS PLAN (EOP)

Incident Weather Plan :

CAMP INVENTION
~~PLEASE SEE ATTACHED EMERGENCY GUIDE PROVIDED TO SCHOOL~~ HOWEVER - SPECIFIC TO TES...
CAMP STAFF WILL BE TES STAFF WHO WILL FOLLOW THE TES EMERGENCY OPERATIONS PLAN.

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.

CAMP STAFF (WHO ARE MADE UP OF TES STAFF) WILL RESET ALL ROOMS USED AND TAKE CARE OF THE DAY'S TRASH AS PART OF DAILY TASK LIST.

For outdoor only events: N/A

07/03/2025

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

USING SCHOOL FACILITIES

This section to be completed by school or district administration

Please initial each item.

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

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

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

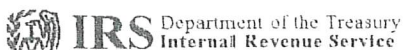
- n. Agreement that parking in designated areas will be enforced by the renter. There is no parking in grass areas or non-designated parking areas unless included as part of the original facility use agreement. BW Initials
- o. Agreement that there are to be no alterations to designated handicap parking spaces through the addition of or removal of signage BW 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)



Department of the Treasury
Internal Revenue Service

Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0941567241
July 09, 2024 LTR 4168C 0
34-1580038 000000 00
Input Op: 0941567241 00033505
BODC: TE

NATIONAL INVENTORS HALL OF FAME INC
% TAYLOR SMITH
3701 HIGHLAND PARK NW
NORTH CANTON OH 44720

027172

Employer ID number: 34-1580038
Form 990 required: Y

Dear National Inventors Hall of Fame:

We're responding to your request dated June 27, 2024, about your tax-exempt status.

We issued you a determination letter in September 1988, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

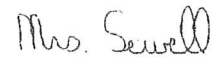
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Input Op: 0941567241 00033506

NATIONAL INVENTORS HALL OF FAME INC
% TAYLOR SMITH
3701 HIGHLAND PARK NW
NORTH CANTON OH 44720

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Mrs. Sewell
Program Manager