

## USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Michael Wilson as Principal authorized so to act by direction of the Board of Education and Matthew Johnson 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:

Small Gymnasium, Hallway, Large Gym

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at the following times and dates: Jan 16, 2026 - March 1 2026

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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.

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.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 18<sup>th</sup> day of December, 20 25.

Cooper High SCHOOL  
BY: Matthew J. Liles  
PRINCIPAL

Matthew J.  
USER/SIGNATURE

8452 Krotz Lane  
ADDRESS

Union KY 41091  
CITY STATE ZIP

937-554-2489  
PHONE NUMBER

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 12/17/25

### Requestor's Contact Information

Name: Matthew Johnson

Organization: Jags Wrestling

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

Contact number: 937-554-2489

Email address: matthew.johnson103@gmail.com

### School / Location Requested

Cooper High School

### List all areas needed:

Small Gymnasium, Hallway, Large Gym

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

Date(s) of program / event : Jan 16 - March 1 2026 M/W/F

Program/ event time: 7:00 - 9:00 pm

Actual time needed: 7:00 - 9:00 pm Include set up / tear down / clean up / restoration time

Expected number of attendees: 25

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

Players sign up for wrestling team in the fall. Coaches then communicate w/ parents on days and times of practice

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?

High School wrestling team will practice at same time / place  
so high school coaches will oversee the youth/middle school program  
Youth/middle school coaches will be responsible for their wrestlers

Purpose of the event / program:

Youth wrestling program. Teach Boone County Students the fundamentals of wrestling

Safety and Emergency Procedures:

Will follow the EAP which is visible in the small gym

Inclement Weather Plan :

Students and coaches will use the locker room and the hallway in front of the locker rooms

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.

Coaches and players will work w/ the high school coaches and players to roll up wrestling mats and clean up any trash from the gym

For outdoor only events:

07/03/2025

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

Will use restrooms in main gym lobby

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**This section to be completed by school or district administration**

**Please initial each item.**

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

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

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



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2025

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).

<p>PRODUCER Vaaler Insurance, A Marsh &amp; McLennan Agency LLC Company 4803 36th St S STE 101 Fargo ND 58104</p>	<p>CONTACT NAME: <b>Tricia Rudnick</b> PHONE (A/C No, Ext): 701-451-5482 FAX (A/C No): 701-235-9405 E-MAIL: <a href="mailto:tricia.rudnick@marshmma.com">tricia.rudnick@marshmma.com</a> ADDRESS:</p>												
<p><b>INSURED</b> <span style="float: right;">UNITSTA-02</span></p> <p>United States of America Wrestling Association 6155 Lehman Dr Colorado Springs CO 80918</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">INSURER A: <b>Clear Blue Insurance Company</b></td> <td style="width: 50%; padding: 2px;">NAIC # <b>28860</b></td> </tr> <tr> <td style="padding: 2px;">INSURER B: <b>Texas Insurance Company</b></td> <td style="padding: 2px;">16543</td> </tr> <tr> <td style="padding: 2px;">INSURER C: <b>Underwriter's at Lloyd's, Lond.</b></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER D:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER E:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER F:</td> <td style="padding: 2px;"></td> </tr> </table>		INSURER A: <b>Clear Blue Insurance Company</b>	NAIC # <b>28860</b>	INSURER B: <b>Texas Insurance Company</b>	16543	INSURER C: <b>Underwriter's at Lloyd's, Lond.</b>		INSURER D:		INSURER E:		INSURER F:	
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**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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD / 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 <input checked="" type="checkbox"/> PER EVENT  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> ECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:  <input type="checkbox"/> 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		CZ26COGL0013-00	9/1/2025	9/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence)	\$1,000,000 \$1,000,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below.	N/A	BESGLXTCO011501_170526_02	9/1/2025	9/1/2026	COMBINED SINGLE LIMIT (EA accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	Abuse/Molestation		B0621PUSAW000125	9/1/2025	9/1/2026	PER STATUTE	OTH-ER
	Abuse/Molestation					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)

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

Jags Middle School Wrestling  
8452 Kroth Lane  
Union, KY 41091

### 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



## CERTIFICATE OF LIABILITY INSURANCE

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11/17/2025

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<b>INSURED</b> United States of America Wrestling Association 6155 Lehman Dr Colorado Springs CO 80918	<b>UNIT STA-02</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 1922645617      **REVISION NUMBER:**

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	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					MED EXP (Any one person)	\$5,000	
	OTHER:					PERSONAL & ADV INJURY	\$1,000,000	
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE	\$2,000,000	
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	UMBRELLA LIAB					BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> EXCESS LIAB					BODILY INJURY (Per accident)	\$	
	DED <input type="checkbox"/> RETENTION \$					PROPERTY DAMAGE (Per accident)	\$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE	OTHER	
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						E.L. DISEASE - POLICY LIMIT	\$	

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

The general liability and excess liability includes an automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

**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 hold.

RE: Jags Middle School Wrestling

<b>CERTIFICATE HOLDER</b> Cooper High School 2855 Longbranch Rd Union, KY 41091	<b>CANCELLATION</b> 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 	