



Every Child Every Day

BOARD CHAIR DISTRICT 1

LINDA GEARHEART

MEMBER DISTRICT 2

DR. CHANDRA VARIA

MEMBER DISTRICT 5

STEVE SLONE

VICE CHAIR DISTRICT 4

KEITH SMALLWOOD

MEMBER DISTRICT 3

WILLIAM NEWSOME, JR

Date February 17, 2017

Consent Agenda Item (Action Item):

Consider/approve Wildcard Championship Wrestling as an Honors Club fundraiser at South Floyd Elementary on March 07, 2026

Applicable State or Regulations:

Policy 0.1.11 General Powers and Duties of the Board

Fiscal/Budgetary Impact:

There are no associated costs related to this request.

History/Background:

Wildfire Championship Wrestling is bonded and licensed in the state of Kentucky (#176996) and has been in the pro wrestling business for over thirty-two years. Wildfire Championship Wrestling will donate twenty percent of the gate and one hundred percent of the concession to our South Floyd Elementary Honors Club. Additionally, Wildfire Championship Wrestling will provide security guards for the event.

Recommended Action:

Consider/approve Wildfire Championship Wrestling as an Honors Club fundraiser at South Floyd Elementary on March 07, 2026

Contact Person(s):

Cynthia Turner, Principal 606-263-6178

Principal

Director

Superintendent

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.

442 KY ROUTE 550, EASTERN KY, 41622
TEL: 606.886.2354 FAX: 606.886.4552



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/12/2026

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 R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602		CONTACT NAME: Robert V. Nuccio PHONE (A/C No. Ext.): (800) 354-2433 FAX (A/C No.): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com	
INSURED Wildfire Championship Wrestling 200 Prichard Street Ashland, KY 41102		INSURER(S) AFFORDING COVERAGE INSURER A: Fireman's Fund Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 21873	

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 (IND) (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"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		UST022072220 NAEP108920	03/07/2026	03/07/2026	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES	\$ 50,000
						MEDICAL EXPENSE	\$
						PERSONAL & ADV INJURY	\$ 500,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMPROP AGG	\$ 500,000
							\$
A	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	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						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 South Floyd Elementary School 299 Mt Reider DR #102 HI Met Ky, 41636 <i>Floyd County Board of Ed.</i>	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 Robert V. Nuccio <i>Robert V. Nuccio</i>
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Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity	Wild Fire Championship	Telephone	672-299743
Representative's Name	Shelia Wilcox		
Address	200 Prichard St		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____			
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, specify equipment _____		Operator's Name _____	
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. Fundraiser tickets will be sold and merchandise from wrestlers			
Building/school/facility	South Floyd Elementary		
Purpose	Fundraiser		
Date(s) requested	3-7-2026	Time(s) Requested	10 am to 12 pm
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Will admission be charged?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

When using school facilities, this organization agrees to observe the following:

- To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
- To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
- To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
- To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____	Board Order # _____

Review/Revised:9/29/11

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians	0	0	0	0
Food Service Employees	0	0	0	0
Supervisory Personnel	20			
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
at <u>S.H.E.S</u> school Gymnasium	0	0	0	0
at _____ school Auditorium				
at _____ school Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both				
at _____ school Classroom(s) Number _____				
at _____ school Stadium				
at _____ school Other Property				

[Signature]
Signature - Representative of User Group

2-18-2026
Date

Signature - Superintendent/designee

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.