

MEMORANDUM OF AGREEMENT

Between Hopkins County Archery Programs and West Kentucky Archery Complex

This Memorandum of Agreement (MOA) is made and entered into this ___ day of _____, 2026, by and between **Hopkins County Schools**, hereinafter referred to as “HCPS,” and **West Kentucky Archery Complex**, located at, hereinafter referred to as “WKAC.”

Purpose

The purpose of this MOA is to establish the terms and conditions under which the HCPS archery teams will be allowed to use the facilities of WKAC for practices and tournaments annually from October 1st through May.

Terms and Conditions

1. Facility Use

WKAC agrees to allow HCPS archery teams access to the facility for practices and tournaments set by the WKAC.

2. Schedule

- HCPS archery teams will work with the WKAC in scheduling events accordingly

3. Supervision & Conduct

- All HCPS archery practices and tournaments will be supervised by a school-appointed coach or staff member.
- Students will be expected to follow all WKAC rules and standards of conduct while on WKAC premises.

4. Liability and Insurance

- HCPS will maintain appropriate liability insurance coverage for its students and staff while on WKAC property.
- WKAC will not be held liable for injuries or accidents occurring during practices or tournaments, except in cases of proven negligence on the part of WKAC.

5. Fees

- The WKAC will charge an archer fee of \$50.00 annually for the use of the facility during this time to cover expenses.

6. Duration of Agreement

This agreement will be effective from September 1, 2026, and will remain in effect through the conclusion of the 2026-2027 archery season, unless terminated earlier by either party with written notice of at least 30 days.

7. Amendment & Renewal

This MOA may be amended in writing by mutual consent of both parties. Renewal discussions for future seasons will occur prior to the start of the next archery season.

Signatures

By signing below, both parties agree to the terms outlined in this MOA.

For West Kentucky Archery Complex

Name: _____

Title: _____

Signature: _____

Date: _____

For Hopkins County Board of Education

Name: _____

Superintendent: _____

Signature: _____

Date: _____

Name: _____

Board Chairperson: _____

Signature: _____

Date: _____

