



Kenton County School District | It's about ALL kids.

Issue Paper

DATE:

June 2, 2026

AGENDA ITEM (ACTION ITEM):

Consider/Approve Community Use Facility contract with Kings Hammer Soccer Club for use of the Dixie Heights High School, Scott High School, and Simon Kenton High School stadiums for soccer practices and competitions during the 2026-27 school year during non-school hours. Times and dates will be coordinated with the Athletic Directors.

APPLICABLE BOARD POLICY:

05.3 Community Use of Facility

HISTORY/BACKGROUND:

The Kings Hammer Soccer Club provides soccer and educational opportunities to young players of all ages and abilities to create a lifelong passion for the sport.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

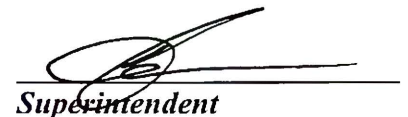
Approval Community Use Facility contract with Kings Hammer Soccer Club for use of the Dixie Heights High School, Scott High School, and Simon Kenton High school stadiums for soccer practices and competitions during the 2026-27 school year during non-school hours. Times and dates will be coordinated with the Athletic Directors.

CONTACT PERSON:

Randy Borchers


Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda. Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent’s mailbox.

Facility Use Contract

This agreement made by and between the Kenton County Board of Education, the school Principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and Kings Hammer Soccer hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): _____ profit organization X non-profit organization/FEIN # 31-1213703

Category of user (1-5) 3 (Final determination of category is made by Superintendent/designee).

WITNESSETH:

The school Principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: Dixie Heights High School - Simon Kenton High School - Scott High School (Stadiums and Practice Areas) Non School Day/Times fees will apply for Sat + Sundays at the following times and dates: Various dates during the 2026/27 School Year subject to the following terms and conditions:

1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus, unless otherwise approved by the Superintendent/designee.
2. 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 specified by the Principal. Any violation of such 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.
3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
5. Approved users are responsible for the conduct and safety of their participants, guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCSD facility.
6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

Facility Use Contract

- 8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. **Campuses will be cleared for school use only.**
- 9. 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.
- 10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
- 11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:
The liability insurance certificate is required to include the following minimum amounts:
 \$2,000,000 General Liability coverage in the aggregate
 \$1,000,000 General Liability coverage per occurrence
 The Kenton County Board of Education is noted as additional insured
A copy of the liability policy or declaration of coverage page must be attached to this contract.
- 12. An orientation has been provided.

(Please initial) _____ user _____ school representative

Applicable Fees:

Rental fee: \$400.00 per day _____ per hr. (min 2 hours)	Rental fee total: _____ TBD _____
Custodial fee: \$48.00 per hour _____ per hr. (min 2 hours)	Custodial fee total: _____ TBD _____
Supervisory fee: \$40.00 per hour per hr. (min 2 hours)	Supervisory fee total: _____ TBD _____
Equipment fee: _____ N/A _____	Equipment fee total: _____ N/A _____
Other fees: _____ N/A _____	Other fees total: _____ N/A _____

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: _____ TBD _____ **Deposit:** _____ N/A _____

Checks are payable to Kenton County Board of Education

Supervision/Custodial Support Details:

There will be a custodian and supervisor on site for the entire event, cost is listed above. King's Hammer _____ is responsible for any damage to the facilities _____

Misc. Considerations:

Facility Use Contract

Name of School: Scott High School Kings Hammer SBD
 Name of Renting Organization "User"

Brian Simpson
 Name of "User" Representative (Print)

50 E. Rivercenter Blvd Ste. 150
 Address

Covington, KY 41011
 City State Zip

(513) 535-3633
 Phone Number

bsimpson@kingshammersbd.com
 E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

 Name

 Address

 Telephone Number

 E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this 6th day of July, 2026. Contracts for recurring events expire on June 30th of the school year.

Brian Simpson
 Signature of "User" Representative

[Signature]
 Principal

 Superintendent/designee

Review/Revised:7/7/2025

Facility Use Contract

Name of School: Dixie Heights High School Kings Hammer SBD
 Name of Renting Organization "User"

Brian Simpson
 Name of "User" Representative (Print)

50 E. Rivercenter Blvd Ste. 150
 Address

Covington, KY 41011
 City State Zip

(513) 535-3633
 Phone Number

bsimpson@kingshammersbd.com
 E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

 Name

 Address

 Telephone Number

 E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this 6th day of July, 2026. Contracts for recurring events expire on June 30th of the school year.

Brian Simpson
Signature of "User" Representative

Andrew
Principal

Superintendent/designee

Review/Revised: 7/7/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/2/2025

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 LIC #40558248 Player's Health Cover USA Inc. Lifetime Work Edina 200 Southdale Center Edina MN 55435		CONTACT NAME: PHONE (A/C No./Ext): 612-345-9683 FAX (A/C No.): E-MAIL ADDRESS: certificates@playershealth.com	
INSURED Kentucky Youth Soccer Association 158 Constitution Street Lexington KY 40507		INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company NAIC # 10120 INSURER B: Everst National Insurance Company 10120 INSURER C: HDI Global Specialty SE 16131 INSURER D: Great American Insurance Company 16691 INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 237805** **REVISION NUMBER: 1**

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 INSR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	GCN0012783-251	9/1/2025	9/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG PARTICIPANT LEGAL LIAB \$ 1,000,000 \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		GCN0012783-251	9/1/2025	9/1/2026	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS 0		25QS1252	9/1/2025	9/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Accident Medical		BSR-E880183-04	9/1/2025	9/1/2026	PER INJURY LIMIT \$ 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate issued for sanctioned activities of the state soccer association.
 Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of:
 Kings Hammer Soccer Club, LLC
 Kings Hammer Soccer Programming

CERTIFICATE HOLDER		CANCELLATION	
Kenton County Board of Education 1055 Eaton Drive Fort Wright KY 41017		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 <i>Don Pullen</i>	