

THE STATE OF TEXAS                   §

COUNTY OF FORT BEND               §

FULL RELEASE AND AGREEMENT FOR USAGE  
OF COUNTY PROPERTY

This Full Release is made and entered into by and between Fort Bend County, Texas (hereinafter referred to as "County,") and SCANLAN OAKS ELEMENTARY SCHOOL PTO (hereinafter referred to as "PTO"); and,

WHEREAS, the County desires to permit PTO to use Fort Bend County's property located in Sienna Plantation, Fort Bend County, Texas on Saturday, December 4, 2010, or rain date of December 11, 2010 for approximately 4 hours to serve a public purpose; and,

WHEREAS, PTO desires to fully release County of any and all claims that may be derived from the use of certain streets and/or roads; and,

WHEREAS, PTO is responsible to County for any and all damages that may occur to County property located in Sienna Plantation on December 4, 2010, or rain date of December 11, 2010; and,

WHEREAS, the parties agree the purpose of the release is to buy peace; and,

WHEREAS, the parties agree that the terms of this release and agreement accurately reflect their intent.

NOW, THEREFORE, in consideration of the covenants and agreement hereinafter contained and subject to the terms and conditions hereinafter stated, the parties hereto do mutually agree as follows:

AGREEMENT

1. The purpose of this Agreement is to allow PTO to use certain County property, namely County roads, located in Sienna Plantation, Fort Bend County, Texas for a Family Fun Run on December 4, 2010, or rain date of December 11, 2010.
2. PTO shall use reasonable care to prevent damage to County property.
3. PTO shall be responsible for any damage to the Property and shall reimburse County for any reasonable repairs made by PTO's usage upon completion of the stated purpose of this Agreement.
4. PTO shall, keep in full force and affect a policy or general liability insurance in which the limits shall not be less than \$1,000,000 for each claim aggregate. The policy shall name the County as an additional ensured, and shall contain a clause that the insurer

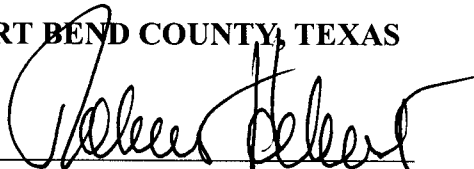
will not cancel or change the insurance without first giving County ten (10) days prior written notice. The insurance shall be in a company acceptable to the Fort Bend County Risk Management Department and a copy of the policy or certification of insurance shall be delivered to County no less than five (5) business days before the date of this event.

5. PTO releases does release, acquit, and forever discharge the County, its officials, agents, servants, and employees and all persons in privity with the County from any and all future claims or causes of action of any kind whatsoever, at common law, statutory or otherwise, which might arise hereafter, directly or indirectly attributable to PTO's usage of County property.
6. PTO agrees to and shall indemnify, defend and hold harmless the County and its elected officials, officers, employees and agents, from and against any and all claims, losses, damage, causes of action, suits, and liability of any kind, including all expenses of litigation, court costs, attorney's fees, bodily injury, sickness, disease or death as a result of PTO's use of County property.
7. PTO shall be solely responsible and at its own cost for obtaining all necessary and proper law enforcement officers to aid in traffic control.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates indicated below.

**FORT BEND COUNTY, TEXAS**

By:

  
Robert E. Hebert, County Judge

Date:

9-14-10

ATTEST:



Dianne Wilson, County Clerk

**SCANLAN OAKS ELEMENTARY  
SCHOOL PTO**

By:



Mike Bologna, Reindeer Fun Run Co-Chair

Date:

9/3/2010

MER:lj:Sienna Plantation Family Reindeer Fun Run Release:2010:0810.10:1956



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/9/2010

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 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).

<b>PRODUCER</b> STAR Insurance - Fort Wayne Office 2130 East DuPont Road  Fort Wayne IN 46825		<b>CONTACT NAME:</b> Janice Routt <b>PHONE (A/C, No, Ext):</b> (260) 467-5693 <b>FAX (A/C, No):</b> (260) 467-5651 <b>E-MAIL ADDRESS:</b> janice.routt@starfinancial.com <b>PRODUCER CUSTOMER ID #:</b> 00050950													
<b>INSURED</b> ROAD RUNNERS CLUB OF AMERICA/2010 & ITS MEMBER CLUBS 7410 SKYLINE DRIVE FREDERICK MD 21702-3652		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A:</b> NATIONAL CASUALTY COMPANY</td><td><b>NAIC #</b> 11991</td></tr><tr><td><b>INSURER B:</b> NATIONWIDE LIFE INSURANCE CO.</td><td>66869</td></tr><tr><td><b>INSURER C:</b></td><td></td></tr><tr><td><b>INSURER D:</b></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>		<b>INSURER A:</b> NATIONAL CASUALTY COMPANY	<b>NAIC #</b> 11991	<b>INSURER B:</b> NATIONWIDE LIFE INSURANCE CO.	66869	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:** 2010 **MEMBER CLUB****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> LEGAL LIAB. TO PARTIC.		PERSONAL & ADV INJURY \$ 1,000,000				
	\$1,000,000						GENERAL AGGREGATE \$ NONE
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			A&M AGGREGATE \$5,000,000			ABUSE & MOLESTATION \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b>			KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
B	<b>EXCESS MEDICAL &amp; ACCIDENT (\$250 DEDUCTIBLE/CLAIM)</b>			SPX 0000003732100	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EXCESS MEDICAL \$10,000 AD & SPECIFIC LOSS \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MEMBER CLUB CERTIFICATE

CERTIFICATE EFFECTIVE DATE 07/26/10

**CERTIFICATE HOLDER****CANCELLATION**

SCANLON OAKS ELEMENTARY PTO REINDEER RUN ATTN: MIKE BOLOGNA 3106 OAK MILL WAY MISSOURI CITY, TX 77459	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  John Lefever/JR