



Municipality of Skagway

GATEWAY TO THE KLONDIKE
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SKAGWAY HIGHER GROUND PROGRAM - APPLICATION FORM -

The purpose of this program is to provide gardening opportunities to seniors and/or those with special needs, and to promote public awareness of the therapeutic and nutritional benefits of gardening and the benefits of growing food locally.

This program is administered by Skagway Organic Gardening Society (SOGS) volunteers, with assistance by the Municipality of Skagway. Accessible garden beds (measuring approximately 30" x 80") will be distributed to qualifying applicants. Each eligible applicant may be granted the use of one (1) garden bed, which would be placed on the applicant's property. The bed shall remain the property of the Municipality of Skagway, and may be provided, on a loan system, free of charge to participants, on a first come, first serve basis, upon determination of eligibility.

- a garden bed would be delivered to an eligible participant's property.
- soil would be provided and added to fill the bed once a bed has been placed for the season.
- participants are encouraged to use approximately 50% of the garden bed for food gardening.
- organic gardening methods are highly encouraged.
- garden beds will be loaned out on a multiple-season basis for those with disabilities or who meet age requirements.
- a volunteer will facilitate removal of the garden bed following the expiration of the term of the loan.
- any needed repairs to garden beds will be communicated to the Municipality of Skagway.

Eligibility:

- Applicant or the applicant's authorized representative must fill out an application and waiver.
- Any resident over the age of 55 is eligible, if sufficient beds are available.
- For applicants younger than 55 years old:
After it is confirmed that a garden bed will be available, and other eligibility requirements as outlined in this section are met, a note from a licensed medical provider may be requested that either:
 - 1) confirms an injury, disability and/ or medical condition that makes ground-level gardening difficult, or
 - 2) indicates that the applicant could benefit from having access to a garden bed.
- The selected location for the placement of the garden bed should be level, suitable for gardening, and free of obstacles or debris.
- Applicant agrees that herbicides or pesticides will not be used on or in the garden bed.
- If the applicant is not the owner of the property that the garden bed is intended for, the property owner must also sign the application and waiver.
- The applicant must be willing to have a volunteer install the garden bed.
- Businesses are not eligible for this program.

- The applicant acknowledges and agrees that the application does not guarantee a garden bed.
- The applicant acknowledges and agrees that any garden bed issued to the applicant will not be modified, deconstructed, or demolished without prior written authorization by the Borough Manager or their authorized representative. The applicant further agrees to compensate the Municipality of Skagway for the cost of replacing the garden bed if the garden bed is modified, deconstructed, or demolished without prior written authorization by the Borough Manager or their authorized representative.
- **The applicant or the applicant’s authorized representative (and owner of property, if applicable) acknowledges and agrees that in consideration for participation in this Program, the applicant, on behalf of themselves and their executors, administrators and personal representatives, does waive, release and forever discharge the Municipality of Skagway, all assembly members, directors, volunteers, managers, agents, consultants, contractors, representatives, attorneys, insurers, and employees from and against any and all liability and all claims, actions, causes of action, costs, expenses, demands of any damage, loss, death or injury to their person or property arising out of or in connection with the application or participation with this Program.**
- **The applicant or the applicant’s authorized representative (and owner of the property, if applicable) acknowledges and agrees to defend, indemnify and hold harmless the Municipality of Skagway, all assembly members, directors, volunteers, managers, agents, consultants, contractors, representatives, attorneys, insurers, and employees in any action, brought by any person, arising out of any injury or damage, death or other loss claimed to be caused in whole or in part, by the applicant’s acts or omissions in the course of participating in this Program.**

How to apply:

- Fill out this application and submit it, along with any supporting documentation to the Borough Clerk.

If approved:

- The garden bed will be delivered by a volunteer as soon as possible.

Please fill out application beginning on the following page.



**SKAGWAY HIGHER GROUND PROGRAM
- APPLICATION FORM -**

¹Name of Applicant:

²Phone:

³Mailing Address:

⁴Email:

⁵Please indicate your status (to determine eligibility):

I am age 55 or older

I have a disability or medical condition.*

*You may be asked to provide documentation from a licensed medical provider.

⁶Term of Loan:

One Season

Multiple Seasons

Number of Seasons: _____

Indefinitely (a volunteer will periodically check to ensure garden bed is still in use)

⁷Physical location of property where the garden bed will be located (**use detail**):

⁸Lot #:

⁹Have you applied for this program before? Yes No What year(s)? _____

¹⁰Are you the owner of the property where the garden bed will be located? Yes No

If "No," **the property owner must sign the application and waiver.**

¹¹Please draw a rough sketch of the lot, detailing, with an "X," where the garden bed will be located. Please include a few major structures that are on the lot. This information is used to help facilitate placement of the garden bed on the property, as is not a requirement of eligibility.

¹²Please select the style of garden bed you would prefer. Availability may be limited.

Standing — a 36" tall garden bed you can stand at while gardening.

Sitting — a 30" garden bed that you can garden in while sitting in a chair.

¹³Please read the following page, then sign and date it. Thanks!

I give my consent for a municipal or SOGS volunteer to access the property that I have described in this application in order to inspect and/or install a garden bed and to determine my eligibility for this program.

I agree that my qualifications for this program are at the sole discretion of the Municipality of Skagway and I may not seek reevaluation or reconsideration.

I acknowledge and agree that any garden bed issued to me will not be modified, deconstructed, or demolished without prior written authorization by the Borough Manager or their authorized representative. I agree to compensate the Municipality of Skagway for the cost of replacing the garden bed if the garden bed is modified, deconstructed, or demolished without written prior authorization by the Borough Manager or their authorized representative.

I acknowledge and agree that in consideration for participation in this Program on behalf of myself and my executors, administrators and personal representatives, do waive, release and forever discharge the Municipality of Skagway, all assembly members, directors, volunteers, managers, agents, consultants, contractors, representatives, attorneys, insurers, and employees from and against any and all liability and all claims, actions, causes of action, costs, expenses, demands of any damage, loss, death or injury to their person or property arising out of or in connection with the application or participation with this Program.

I acknowledge and agree to defend, indemnify and hold harmless the Municipality of Skagway, all assembly members, directors, volunteers, managers, agents, consultants, contractors, representatives, attorneys, insurers, and employees in any action, brought by any person, arising out of any injury or damage, death or other loss claimed to be caused in whole or in part, by acts or omissions in participation in this Program.

My signature below signifies that I have fully read and understand the above statements.

Signature _____ Date _____
Applicant or Applicant's Authorized Representative

Signature _____ Date _____
Property Owner