



## Network Member Application

Thank you for your interest in becoming a member of the METS Network. Your participation will help ensure the welfare of all Maryland horses when they are in need of transition. Please complete this form and email it to [info@mdequinetransition.org](mailto:info@mdequinetransition.org) or mail to the Maryland Horse Council at P.O. Box 606, Lisbon, MD 21765.

### APPLICANT'S CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Organization / Business Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website \_\_\_\_\_

Facebook \_\_\_\_\_

### METS NETWORK CATEGORY

See *METS Network Manual* for Description of Categories

Transition Site

Veterinarian

Network Associate

### For VETERINARIANS Only

I have read and agree to sign the Memorandum of Understanding (MOU)

I agree to provide euthanasia services for a flat rate as described in the MOU and to be paid by METS

I am willing to provide euthanasia services

at the horse's location

at my office

at another pre-identified site

### For NETWORK ASSOCIATES Only (check all that apply)

I am a professional trainer who will take ownership of a horse and provide care / training at an approved Transition site.

Name of Transition site: \_\_\_\_\_

Discipline(s): \_\_\_\_\_

I am a professional trainer willing to provide training services pro bono or at a reduced rate with an approved Transition Site. Discipline: \_\_\_\_\_

I am / The organization is interested in providing financial sponsorship of a METS horse at an approved Transition Site.

I / The organization would like to discuss additional options with the METS / MHC staff.



I / The organization would like to provide a monetary donation in the following amount to support the operation of METS. Please contact me.

\$150                      \$300                      \$600                      \$1200                      Other \$ \_\_\_\_\_

**For TRANSITION SITES Only**

**This site can provide the following SERVICES TO / USE FOR HORSES** (check all that apply)

- Training Services
  - Minor Rehabilitation or Lay Up
  - Retirement (owner-paid)
  - Short-Term Quarantine
  - Sponsored Horse Site
  - Program Use
  - Lessons
  - Camps
  - Therapeutic Programs
  - Major Rehabilitation
  - Retirement
  - Euthanasia Site
  - Discipline(s) \_\_\_\_\_
- Other, Please Specify \_\_\_\_\_

**TYPES of Horses Accepted / Preferred**

Please describe the types of horses you would consider accepting from METS:

**General Transition Site Information**

Licensed by the Maryland Horse Industry Board                      Yes      No

Size of Property: \_\_\_\_\_

Total Horses Currently on Property: \_\_\_\_\_

Total Number of Potential Spaces for METS Horses: \_\_\_\_\_

Quarantine Area	Yes	No			
Outdoor Arena	Yes	No	Indoor Arena	Yes	No
Trainer on Site	Yes	No	Allow Trainers to Use Site	Yes	No

**For ALL APPLICANTS**

How did you hear about METS? \_\_\_\_\_

Who referred you? \_\_\_\_\_

**For ALL APPLICANTS**

In addition to joining the Network, I am interested in being a METS volunteer.  Yes  No

**If you marked “Yes” above, please complete the following. Otherwise, skip to “Agreements” below.**

Are you over the age of 18 years?  Yes  No

Check your areas of interest within METS.

Equine Assessments  Events  METS Distribution Efforts

Horse Experience: Please summarize your experience with horses.

What level horse handler (not rider) do you consider yourself?

Beginner  Intermediate  Advanced

What days/times are you able to assist with METS activities?

Any day, any time

Monday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Other: \_\_\_\_\_

Check all Maryland counties in which you are able to assist.

<input type="checkbox"/> Allegany	<input type="checkbox"/> Anne Arundel	<input type="checkbox"/> Baltimore (includes city)	<input type="checkbox"/> Calvert
<input type="checkbox"/> Caroline	<input type="checkbox"/> Carroll	<input type="checkbox"/> Cecil	<input type="checkbox"/> Charles
<input type="checkbox"/> Dorchester	<input type="checkbox"/> Frederick	<input type="checkbox"/> Garrett	<input type="checkbox"/> Harford
<input type="checkbox"/> Howard	<input type="checkbox"/> Kent	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Prince George’s
<input type="checkbox"/> Queen Anne’s	<input type="checkbox"/> St. Mary’s	<input type="checkbox"/> Somerset	<input type="checkbox"/> Talbot
<input type="checkbox"/> Washington	<input type="checkbox"/> Wicomico	<input type="checkbox"/> Worcester	



**Agreements** *(Please initial by each statement)*

**THE FOLLOWING COVENANTS OF THE APPLICANT ARE A MATERIAL INDUCEMENT FOR THE METS NETWORK TO CONSIDER AND ACCEPT APPLICANT FOR ADMISSION TO THE METS NETWORK:**

I have read, understand, and will abide by the terms of the *METS Network Policies & Procedures*.

I agree to NEVER take a METS horse to auction or slaughter, and I agree to include a no auction / slaughter clause in my Bill of Sale for all METS horses.

I request my name / organization be listed as a Network member on the MHC/METS websites and publications. By leaving this box blank, I do not grant permission to be listed.

I have read the paragraphs below in italics. By initialing this statement and executing below Applicant agrees to be bound at all times by the following:

*By my submission of this application to participate in the METS Network, the Applicant understands and agrees that, if accepted into the METS Network, effective with that acceptance, Applicant releases, discharges, and covenants not to sue the Maryland Horse Council (MHC), Days End Farm Horse Rescue (DEFHR) and each of these organization's Board of Directors, administrators, directors, agents, officers, members, volunteers, and employees, and, if applicable, owner and lessors of premises on which METS activities take place, (collectively known as, "Releasees") from all liabilities, claims, demands, losses, or damages whenever or however arising as to injury, death and/or property damage occurring during and/or as a result of Network member's participation in the Maryland Equine Transition Service, caused or alleged to be caused, in whole or in part, by the negligence of the Releasees or otherwise.*

*The Applicant agrees to indemnify, hold harmless and defend Releasees from any and all liability, whenever or however arising, from all third party (defined as, "any visitor, including clients, parents, prospective adopters, vendors, or any other person or entity to Network member's property") claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature arising from injury, death and/or property damage arising out or related to (a) Releasees', Applicant's and/or a third party's negligent act(s) or omissions; and/or (b) Releasees', Applicant's and/or a third party's negligent act(s) or omission(s) during or related in any way to the activities; and/or (c) any misinformation or misrepresentations made by Applicant and/or a third party in this Agreement. Applicant agrees to pay the reasonable costs, expenses and reasonable attorney fees incurred by Releasees, arising directly or indirectly out of or with respect to any third party claims and the enforcement of the aforesaid indemnity obligations by the METS Network.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

