**Form #A-17**

Board or State Association

Address City State Zip

**Mediation Resolution Agreement**

The undersigned, as Members of the and pursuant to the mediation guidelines

Board or State Association

incorporated into the ’s professional standards procedures, have voluntarily

Board or State Association

participated in and agree to the following resolution:

The undersigned agree to be bound by the above resolution and waive any and all future rights to submit the dispute to arbitration

before the Professional Standards Committee of the \_\_\_\_\_\_\_\_ \_\_ or to litigate the matter. We further hold the

Board or State Association

harmless, acknowledge that we were advised of our right to attorney representation at the mediation and

Board or State Association

attorney review of the Resolution Agreement, and expressly waive any and all liability of the , or any claim

Board or State Association

that we have against the arising out of the manner in which the conducted the

Board or State Association Board or State Association

mediation or the resolution of the dispute reached as a result of the ’s mediation procedures. Further, if the

Board or State Association

agreement is judicially enforced, the non-complying party agrees to reimburse the other party for court costs and reasonable attorney’s fees.

Type/Print Signature Date

Type/Print Signature Date

As Mediation Officer of the , I do attest that I was present during the mediation process and that the above

Board or State Association

resolution agreement was voluntarily entered into by the parties to the dispute.

Type/Print Signature Date

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