## Form #A-17b

Board or State Association				
Address	City	State	Zip	
	Arbitration Settlement A	greement*		
The undersigned, as Members of the	Board or State Association	and pu	ursuant to the arbitration gu	uideline
incorporated into theBoa	rd or State Association	''s professional star	ndards procedures, have vo	luntarily
participated in and agree to the following				
The undersigned agree to be bound by t	•		•	
	Board or State Associa	ation		
Board or State Association	nowledge that we were advised of o	ur right to attorney re	epresentation at the arbitrat	tion and
attorney review of the Settlement Agree	ment, and expressly waive any and		oard or State Association, or an	y claim
that we have against the Board or State A	arising out of the manne		rd or State Association conduc	cted the
arbitration or the resolution of the dispu		or State Association 's ar	bitration procedures. Furth	er, if the
agreement is judicially enforced, the no attorney's fees.	n-complying party agrees to reimbu	arse the other party fo	or court costs and reasonab	le
Type/Print		Signature	Date	
Type/Print		Signature	Date	
*Use of this form is at the discretion of of their settlement agreement, includin				

(Adopted 5/17)