AGREEMENT TO BEGIN VOLUNTARY MEDIATION

The undersigned hereby agree to engage in voluntary mediation as conducted by representatives of the Maryland Agricultural Mediation Program, a service of the Maryland Department of Agriculture, with ______________________, Agricultural Mediators serving as mediators. The situation which brings the parties to mediation is:

Everyone in the mediation process agrees to abide by the Rules of Conduct (see attached page) for voluntary mediation. These Rules are hereby adopted as part of this agreement. Furthermore, everyone in the mediation process agrees that all mediation discussions shall be confidential.

Everyone understands that the mediators do not legally represent any of the parties, and should a settlement be reached, everyone agrees that it may be necessary to consult with their attorneys or other representative(s) to implement the decisions reached in mediation.

It is understood that everyone who voluntarily enters into the mediation process shall waive their right to take civil action against the State of Maryland, the Maryland Department of Agriculture, the Maryland Agricultural Mediation Program, and the designated mediator(s) or agent(s) of the mediation program and thereby releases the state and its designated mediator(s) from civil liability within the scope of the mediation services.

Additional rules and/or agreements other than those stated in the Rules of Conduct are set forth as follows:

____________________________________________________________________________________
___________________________________________________________________________________

This Agreement for Conduct of Mediation is entered into on this ___day of ________, 200__.

Parties

Signature/Date ___________________________ Name/Organization ___________________________

Signature/Date ___________________________ Signature/Date ___________________________

Signature/Date ___________________________ Name/Organization ___________________________

Signature/Date ___________________________ Name/Organization ___________________________

LAWRENCE J. HOGAN, JR., Governor
BOYD K. RUTHERFORD, Lt. Governor

Joseph Bartenfelder, Secretary
Mary Ellen Setting, Deputy Secretary

FORM 8
<table>
<thead>
<tr>
<th>Signature/Date</th>
<th>Signature/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature/Date</td>
<td>Name/Organization</td>
</tr>
<tr>
<td>Signature/Date</td>
<td>Name/Organization</td>
</tr>
<tr>
<td>Signature/Date</td>
<td>Signature/Date</td>
</tr>
</tbody>
</table>

**Mediator:**

<table>
<thead>
<tr>
<th>Signature/Date</th>
</tr>
</thead>
</table>

**Mediator**

| Signature/Date |