

*Diane M. Harvey, LCSW*  
*Clinical Social Worker/Mediator*  
*(512) 659-8553*

## WAIVER AND CONSENT FORM

This waiver and consent form is executed in exchange for participation by Diane M. Harvey, the mediator, in the mediation of a family matter between **NAME** and **NAME**. It pertains only to the matters arising during the mediation of that dispute.

1. I understand that the mediator is not a legal advisor in this process and is not to provide legal advice to any party involved in the mediation. I agree to hold the said mediator harmless for any observations, suggestions or implications that may be made in the course of the mediation. I specifically agree to obtain advice on any issues of interest from my own attorney and not to rely upon the mediator for such advice.
2. I agree to the necessity that mediation be confidential and, therefore, agree that I will not call the mediator to act as a witness in any court of competent jurisdiction to testify to the facts concerning or relating to the subject matter here being mediated and that neither will I subpoena documents or information about my case which may have been retained in any file of the mediator.
3. I agree to treat anything said by the opposing party as part of an offer to compromise and settle the dispute being mediated. I further agree that statements made during mediation shall be treated as offers to settle and shall not be admissible should this matter become a matter of litigation.

I consent to these terms and waive the right herein specified, and I know that I have the right to consult legal counsel before signing this document.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

Date: