

# RELEASE OF ALL CLAIMS

I have filed with the Hawaii MMA Program an "application", as that term is defined in Chapter 440E, HRS. In consideration of the assurance by the Hawaii MMA Program that no decision on my application will be taken except after a deliberate, intensive and thorough investigation of me, including but not limited to my background, associates, and finances, I do for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Hawaii and the Hawaii MMA Program, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing of investigation of or other action relating to my application.

I have read this release and understand all its terms. I execute it voluntarily, and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release in \_\_\_\_\_ ,  
\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .  
State

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____. Notary Signature: _____ Notary Public, State of: _____ My commission expires: _____ Print Name: _____
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Doc. Date: _____ No. of Pages: _____ Notary Name: _____ Circuit Court: _____ Doc. Description _____ _____ Notary Signature: _____ Date _____
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This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808)586-3000 to submit your request.