

**PENNSYLVANIA GAMING CONTROL BOARD
REQUEST FOR VOLUNTARY SELF-EXCLUSION
FROM GAMING ACTIVITIES**

INSTRUCTIONS

Please read the following instructions, the Request for Voluntary Self-Exclusion from Gaming Activities form ("Request Form") and the Acknowledgment and Release carefully.

Voluntary Self-Exclusion

By signing and submitting the Request Form, and the Acknowledgment and Release, you are acknowledging that you are a problem gambler and that you are agreeing to be excluded from all gaming activities at all licensed gaming facilities in the Commonwealth of Pennsylvania and may be excluded from affiliated gaming facilities on other jurisdictions.

By signing this form, you are requesting that all present and future gaming facilities in the Commonwealth of Pennsylvania: refuse wagers from and deny gaming privileges to you; deny check cashing privileges, player club memberships, membership access cards, complimentary goods and services, junket participation and other similar privileges and benefits to you; and ensure that you do not receive junket solicitations, targeted mailings, telemarketing promotions, player club materials or other promotional materials relating to gaming activities at licensed facilities; and may choose to exclude you from their entire property.

Your Responsibilities while on the Voluntary Self-Exclusion List

It will be your responsibility to refrain from gaming activities. If you go to a licensed gaming facility after you are placed on the self-exclusion list, the facility will notify the Pennsylvania State Police that you have violated the ban and you will be subject to arrest and prosecution for criminal trespass. If you gamble while on the self-exclusion list, you may not collect, in any manner or in any proceeding, any winnings or recover any losses arising as a result of any gaming activity for the entire period of time that you are on the self-exclusion list. Any winnings issued to, found on or about, or redeemed by you shall be remitted to the Pennsylvania Gaming Control Board ("Board") to support compulsive and problem gambling programs.

It is your responsibility to provide to the Board updates to the information on the Request Form within 30 days of any change to the information provided by you during your self-exclusion enrollment.

Placement on the Voluntary Self-Exclusion List

To be placed on the self-exclusion list, you must choose one of three options for the minimum length of time your name will be on the self-exclusion list: one year, five years or for life.

If you select to be excluded for one or five years, your name will remain on the self-exclusion list indefinitely unless you request that it be removed pursuant to 58 Pa.Code § 503a.5 of the Board's regulations. You may not request removal from the self-exclusion list until the conclusion of your selected one or five year term.

Initial: _____

If you choose lifetime exclusion, you are prohibited from requesting removal from the self-exclusion list for life. You may not request removal from the self-exclusion list at any time.

You may have your own name placed on the self-exclusion list by bringing valid government-issued photo identification that contains your signature such as a driver's license or passport. To schedule an appointment and to obtain information on approved locations where you may place yourself on the self-exclusion list, call 717-346-8300. There will be an enrollment interview and you will be photographed upon the Board's acceptance of your Request.

Your information and photograph will be provided to all licensed gaming facilities. Information about you contained in your Request Form and on the Board's self-exclusion list is confidential and will not be available for public inspection. Licensed gaming facilities, employees or agents thereof may not disclose your information to anyone other than employees and agents of the licensed gaming facility whose duties and functions require access to the information. Licensed gaming facilities in this Commonwealth may disclose your information to appropriate employees of affiliated gaming facilities in other jurisdictions for the limited purpose of assisting in the proper administration of responsible gaming programs.

Licensed gaming facilities may enact responsible gaming programs that are stricter than that which were enacted or required by the Board. A licensed gaming facility's responsible gaming program may require exclusion from areas of the licensed facility beyond the gaming area and may require exclusion from all of their affiliated gaming facilities in other jurisdictions. The Board is not responsible for keeping you informed of specific responsible gaming programs enacted by licensed gaming facilities. Additionally, the Board and the licensed gaming facilities are not liable for any acts or omissions in the processing or enforcement of your request for self-exclusion including the failure to withhold gaming privileges from or restore gaming privileges to you.

The request for your social security number ("SSN") is made pursuant to the Pennsylvania Race Horse Development and Gaming Act and the Board's regulations and its disclosure to the Board is voluntary. 7 U.S.C. § 522a. Failure to provide your SSN is **not** grounds for denial of your request for self-exclusion. If provided, your SSN will be disclosed to the licensed gaming facilities for their use in identifying you as a self-excluded person in order to deny you check cashing privileges and player club memberships.

Initial: _____

**REQUEST FOR VOLUNTARY SELF-EXCLUSION
FROM GAMING ACTIVITIES**

This Request for Voluntary Self-Exclusion from Gaming Activities form must be signed by the person requesting to be excluded from gaming activities in all licensed gaming facilities in the Commonwealth of Pennsylvania pursuant to 58 Pa.Code §§ 503a.1-503a.6.

:

1. Name: _____

2. Do you use any other name or names? Yes No
If Yes, list the additional name(s) below (include maiden name, aliases, nicknames, etc.)

3. Home Address: _____

4. Phone Number: Phone 1 _____

Phone 2 _____

5. Social Security Number: _____

* Disclosure of your social security number is voluntary, see Instructions.

6. Date of Birth _____ / _____ / _____
Month Day Year

7. Height: _____

8. Weight: _____

9. Gender
Male
Female

10. Hair Color
(BK) Black
(BR) Brown
(BD) Blonde
(RD) Red
(GY) Grey
(WH) White
(BA) Bald
(OT) Other _____

11. Eye Color
(BK) Black
(BR) Brown
(HZ) Hazel
(BL) Blue
(GY) Grey
(GR) Green
(OT) Other _____

12. Race: _____

13. Other Distinguishing Physical Characteristics: _____

Initial: _____

14. Selected Period of Self-Exclusion

One Year _____

Five Years _____

- I understand and acknowledge that if I exclude for one or five years, my name will remain on the Pennsylvania Self-Exclusion List indefinitely unless I request to be removed after the conclusion of my term of self-exclusion:
Initial: _____

Lifetime _____

- I understand and acknowledge that if I choose lifetime exclusion, I am prohibited from requesting removal from the self-exclusion list for life:
Initial: _____

Initial: _____

ACKNOWLEDGEMENT

I declare that:

- I have read and understand the two pages of instructions included with this Request for Voluntary Self-Exclusion.
- I am at least 21 years of age and am of sufficient mental capacity to understand and appreciate the nature of my voluntary exclusion from gaming activities in the Commonwealth.
- I am a problem gambler or I am exhibiting signs of problem gambling behavior.
- I am excluding myself from gaming activities under my own free will and without any undue influence or coercion from a third party.
- The information that I have provided in this request for voluntary self-exclusion is true and accurate.

Initial: _____

I am aware that:

- **If I am identified on the gaming floor or if I engage in gaming activity at any licensed gaming facility during my period of self-exclusion (and until such time as the Board removes my name from the self-exclusion list in response to my request to terminate my voluntary self-exclusion, unless I have chosen lifetime exclusion), I will be subject to arrest and prosecution for criminal trespass.**
- My information and photograph will be provided by the Board to all licensed gaming facilities within Pennsylvania.
- It is my responsibility to provide updates to the information provided in this request within 30 days of a change.
- My signature authorizes the Board to direct all current and future licensed gaming facilities to restrict my gaming activities in accordance with this request.
- **I may be excluded from affiliated properties worldwide** including, but not limited to, all Harrah's/Caesars, Penn National Gaming, MTR Gaming and Isle of Capri properties.
- While on the self-exclusion list, I may not collect any winnings or recover any losses resulting from the gaming activity.
- Any money or thing of value obtained by me from, or owed to me by, a licensed gaming facility as a result of gaming while on the self-exclusion list shall be subject to remittance to the Board.
- **If I have requested a one year or five year term of exclusion, I will remain on the self-exclusion list indefinitely unless I request to be removed after the conclusion of my self-exclusion term.**
- **If I have requested lifetime exclusion, I may not request to be removed from the exclusion list.**

Initial: _____

RELEASE

I hereby release, indemnify, hold harmless and forever discharge the Commonwealth of Pennsylvania, the Pennsylvania Gaming Control Board and its employees and agents, and all licensed gaming facilities and their employees and agents from any claims, damages, losses, expenses or liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of, by reason of or related to my self-exclusion and for any act or omission relating to this request for voluntary self-exclusion or my request for removal from the self-exclusion list arising from (1) the failure of a licensed gaming facility to withhold gaming privileges from, or restore gaming privileges to me, or (2) permitting or not permitting me to engage in gaming activity in a licensed gaming facility while I am on the list of self-excluded persons.

Initial: _____

I hereby voluntarily exclude myself from all gaming activities at all licensed gaming facilities in the Commonwealth of Pennsylvania for the period of exclusion I have selected above.

Signed: _____ Date: _____

----- **FOR PGCB PERSONNEL USE ONLY** -----
DO NOT WRITE BELOW

I certify that:

I have accepted this request for voluntary self-exclusion from gaming activities from the above-referenced individual.

I have verified the information on the identification credential provided and the signature above appears to agree with that contained on the identification credential, and the physical description and photograph of the person on the identification credential appears to agree with his or her actual appearance.

PGCB Employee: _____ Date: _____

Signature of PGCB Employee: _____

Initial: _____