

REQUEST FOR SELF-EXCLUSION FROM CASINO GAMING

Louisiana Gaming Control Board

This form is to be completed by a patron requesting to be excluded from gaming activities in all Louisiana casino gaming establishments. All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1. NAME: _____
LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

2. DO YOU USE ANY OTHER NAME OR NAMES? YES NO . IF YES, LIST THE ADDITIONAL NAME(S) BELOW (Include Maiden Name, Aliases, Nicknames or any other Names, Legal or Otherwise):

3. HOME ADDRESS: _____
NUMBER AND STREET APT#

CITY STATE ZIP CODE

4. HOME TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

5. SOCIAL SECURITY NUMBER*: _____
*Disclosure of your Social Security number is voluntary. See instructions for further details.

6. DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

7. HEIGHT: _____ FT-IN 8. WEIGHT: _____ LBS

PLEASE CHECK APPROPRIATE BOX:

9. GENDER: (M) MALE
 (F) FEMALE

10. HAIR COLOR:
 (BK) BLACK
 (BR) BROWN
 (BD) BLOND
 (RD) RED
 (GY) GRAY
 (WH) WHITE
 (BA) BALD
 (OT) OTHER _____

11. EYE COLOR:
 (BK) BLACK
 (BR) BROWN
 (HZ) HAZE
 (BL) BLUE
 (GY) GRAY
 (GR) GREEN
 (OT) OTHER _____

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS (i.e. scars, tattoos, distinguishing marks, etc.):

13. DRIVER'S LICENSE / ID # _____ STATE OF ISSUANCE _____

WAIVER AND RELEASE

I hereby release, forever discharge, indemnify, and hold harmless the State of Louisiana, the Louisiana Gaming Control Board ("Board"), the Louisiana Department of Public Safety and Corrections, Office of State Police ("State Police"), the Department of Justice, Office of the Attorney General ("Attorney General's Office") and their members, agents, and employees, from any liability to me and my heirs, administrators, executors and assigns for any loss, injury, or harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion, my request for removal from the self-exclusion list or my removal from the self-exclusion list including, but not limited to (1) its processing or enforcement, (2) the failure of a casino gaming licensee to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity at a licensed casino gaming establishment while on the list of self-excluded persons, and (4) disclosure of the information contained in the self-exclusion request or list, except for a willful unlawful disclosure of such information.

ACKNOWLEDGEMENT

I understand and read the English language or have had an interpreter read and explain this form. I am voluntarily requesting exclusion from all gaming activities at all Louisiana casino gaming establishments because I am a compulsive and/or problem gambler. I certify that the information that I have provided above is true and accurate, and that I have read, understand, and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Board or the State Police to direct all Louisiana casino gaming licensees, including the Casino Operator and Casino Manager, to restrict my gaming activities and access to casino gaming establishments for a minimum period of five (5) years from the date I receive written notice of self-exclusion from the Board. During such period of time, I will not attempt to enter the designated gaming area of any casino gaming establishment. I further understand that my name will remain on the self-exclusion list until 1) I submit a written request to the board to terminate my self-exclusion; 2) a hearing is held; and 3) there is a written decision of the Board determining that there is no longer a basis for me to be maintained on the list. I am aware that I cannot request removal from the list before five (5) years have elapsed from the date I receive written notice of self-exclusion from the Board. I am aware and agree that during any period of self-exclusion, I shall not collect in any manner or proceeding any winnings or recover any losses resulting from any gaming activity at any casino gaming establishment and that any money or thing of value obtained by me from, or owed to me by, the Casino Operator, Casino Manager, or a casino gaming licensee as a result of wagers made by me while on the self-exclusion list shall be withheld and remitted to the state of Louisiana.

I have received a copy of the applicable Louisiana Revised Statutes and Louisiana Administrative Codes that govern self-exclusions relating to compulsive and problem gambling. I further acknowledge and understand that I will be subject to arrest if I enter a Louisiana casino gaming establishment for any purpose.

SIGNED: _____ DATE: _____

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DO NOT WRITE BELOW - FOR BOARD/ STATE POLICE PERSONNEL USE ONLY
TYPE OF I.D. OFFERED:

I certify that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

_____ Date: _____

BOARD/STATE POLICE Member, Agent, or Employee

Forwarded to casino gaming establishments:
Date: _____

_____ BOARD/STATE POLICE Member, Agent, or Employee