

PENNSYLVANIA GAMING CONTROL BOARD
REQUEST FOR VOLUNTARY SELF-EXCLUSION
FROM GAMING ACTIVITIES
(4 PA. C.S. § 1516 AND 58 P.A. CODE §§ 503A.1 – 503A.6)

INSTRUCTIONS

PLEASE READ THE FOLLOWING CAREFULLY: THESE INSTRUCTIONS, THE REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM GAMING ACTIVITIES FORM (“REQUEST FORM”) AND THE RELEASE AND ACKNOWLEDGMENT CAREFULLY. BY SIGNING AND SUBMITTING THE REQUEST FORM, RELEASE AND ACKNOWLEDGMENT, YOU ARE ACKNOWLEDGING THAT YOU ARE A PROBLEM GAMBLER AND THAT YOU ARE AGREEING TO BE EXCLUDED FROM ALL GAMING ACTIVITIES AT LICENSED FACILITIES IN THE COMMONWEALTH OF PENNSYLVANIA.

THIS MEANS THAT YOU ARE REQUESTING THAT ALL LICENSED FACILITIES REFUSE WAGERS FROM AND DENY GAMING PRIVILEGES TO YOU; DENY CHECK CASHING PRIVILEGES, PLAYER CLUB MEMBERSHIP, COMPLIMENTARY GOODS AND SERVICES, JUNKET PARTICIPATION AND OTHER SIMILAR PRIVILEGES AND BENEFITS TO YOU; 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 EXCLUDE YOU FROM THEIR ENTIRE PROPERTY AND THEIR PROPERTIES IN OTHER JURISDICTIONS.

IF YOU GO TO A LICENSED FACILITY AFTER YOU ARE PLACED ON THE SELF-EXCLUSION LIST, THE LICENSED FACILITY MUST REFUSE TO ACCEPT YOUR WAGERS AND WILL NOTIFY PENNSYLVANIA STATE POLICE. IF YOU VIOLATE THE BAN, YOU WILL BE SUBJECT TO ARREST FOR 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 BOARD TO SUPPORT COMPULSIVE AND PROBLEM GAMBLING PROGRAMS OF THE BOARD.

YOU MAY HAVE YOUR OWN NAME PLACED ON THE SELF-EXCLUSION LIST BY SUBMITTING DURING NORMAL BUSINESS HOURS, IN PERSON, A COMPLETED REQUEST FOR SELF-EXCLUSION TO:

PENNSYLVANIA GAMING CONTROL BOARD
303 WALNUT STREET STRAWBERRY SQUARE
VERIZON TOWER/5TH FLOOR
HARRISBURG, PA 17101

CALL 717-346-8300 TO SCHEDULE AN APPOINTMENT OR TO OBTAIN INFORMATION ON OTHER APPROVED LOCATIONS.

YOU MUST BRING VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION THAT CONTAINS YOUR SIGNATURE SUCH AS DRIVER’S LICENSE OR PASSPORT. THERE WILL BE AN INTAKE INTERVIEW AND YOU WILL BE PHOTOGRAPHED UPON THE BOARD’S ACCEPTANCE OF YOUR REQUEST.

YOUR INFORMATION AND PHOTOGRAPH WILL BE PROVIDED TO ALL LICENSED FACILITIES. INFORMATION ABOUT YOU IN YOUR REQUEST FORM AND ON THE BOARD'S SELF-EXCLUSION LIST WILL BE DEEMED CONFIDENTIAL AND WILL NOT BE AVAILABLE FOR PUBLIC INSPECTION. SLOT MACHINE LICENSEES, EMPLOYEES OR AGENTS THEREOF MAY NOT DISCLOSE YOUR INFORMATION TO ANYONE OTHER THAN EMPLOYEES AND AGENTS OF THE SLOT MACHINE LICENSEE WHOSE DUTIES AND FUNCTIONS REQUIRE ACCESS TO THE INFORMATION. SLOT MACHINE LICENSEES MAY DISCLOSE YOUR INFORMATION TO APPROPRIATE EMPLOYEES OF OTHER SLOT MACHINE LICENSEES IN THIS COMMONWEALTH AND AFFILIATED GAMING ENTITIES IN OTHER JURISDICTIONS AND IN THIS COMMONWEALTH FOR THE LIMITED PURPOSE OF ASSISTING IN THE PROPER ADMINISTRATION OF RESPONSIBLE GAMING PROGRAMS.

SLOT MACHINE LICENSEES MAY ENACT RESPONSIBLE GAMING PROGRAMS THAT ARE MORE STRICT THAN THAT WHICH WAS ENACTED OR REQUIRED BY THE BOARD. A SLOT MACHINE LICENSEE'S PROGRAM MAY REQUIRE EXCLUSION FROM ALL OF THEIR AFFILIATED GAMING ENTITIES IN OTHER JURISDICTIONS AND MAY INCLUDE AREAS OF THE LICENSED FACILITY BEYOND THE GAMING AREA. **THE BOARD IS NOT RESPONSIBLE FOR KEEPING YOU INFORMED OF SPECIFIC RESPONSIBLE GAMING PROGRAMS.**

IN ACCORDANCE WITH SECTION 5 OF THE PRIVACY ACT, 7 U.S.C. 522A, YOUR DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER ("SSN") TO THE BOARD IS VOLUNTARY. FAILURE TO PROVIDE YOUR SSN IS NOT GROUNDS FOR DENIAL OF YOUR REQUEST FOR SELF-EXCLUSION. THE REQUEST FOR YOUR SSN IS MADE PURSUANT TO THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT AND ITS REGULATIONS. IF PROVIDED, YOUR SSN WILL BE DISCLOSED TO THE SLOT MACHINE LICENSEES FOR THEIR USE IN IDENTIFYING YOU AS A SELF-EXCLUDED PERSON IN ORDER TO DENY YOU CHECK CASHING PRIVILEGES AND PLAYER CLUB MEMBERSHIP AND FOR REMITTING WINNINGS TO THE BOARD.

YOU MUST CHOOSE ONE OF THREE OPTIONS FOR THE MINIMUM LENGTH OF TIME YOUR NAME WILL BE ON THE SELF-EXCLUSION LIST. YOU MUST SELECT TO BE EXCLUDED FOR 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 §503A.5**; HOWEVER, YOU MAY NOT REQUEST REMOVAL FROM THE SELF-EXCLUSION LIST UNTIL THE EXPIRATION OF THE ONE OR FIVE YEAR PERIOD. IF YOU CHOOSE TO BE EXCLUDED FOR LIFE, YOU ARE PROHIBITED FROM REQUESTING REMOVAL FROM THE SELF-EXCLUSION LIST.

IT IS YOUR RESPONSIBILITY TO REFRAIN FROM GAMING ACTIVITIES. THE BOARD AND THE SLOT MACHINE LICENSEES 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. IF YOU ARE IDENTIFIED ON THE GAMING FLOOR AND/OR GAMBLING AT A LICENSED FACILITY WHILE YOU ARE ON THE SELF-EXCLUSION LIST YOU WILL BE SUBJECT TO REMOVAL AND WILL BE SUBJECT TO ARREST FOR CRIMINAL TRESSPASS AND ANY WINNINGS ISSUED TO, FOUND ON OR ABOUT OR REDEEMED BY YOU SHALL BE REMITTED TO THE BOARD TO SUPPORT COMPULSIVE AND PROBLEM GAMBLING PROGRAMS OF THE BOARD.

IT IS YOUR RESPONSIBILITY TO PROVIDE TO THE BOARD UPDATES TO THE INFORMATION ON THIS REQUEST WITHIN 30 DAYS OF THE CHANGE.

REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM GAMING ACTIVITIES

THIS FORM IS TO BE COMPLETED BY A PERSON REQUESTING TO BE EXCLUDED FROM GAMING ACTIVITIES IN ALL LICENSED FACILITIES IN THE COMMONWEALTH OF PENNSYLVANIA PURSUANT TO 58 PA CODE §§ 503A.1 – 503A.6.

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 name):

3. Home Address: _____
NUMBER AND STREET APT #

CITY STATE ZIP CODE

4. 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) 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: _____

14. MINIMUM SELF-EXCLUSION PERIOD (CHOOSE ONE) ONE YEAR FIVE YEARS LIFETIME

RELEASE

I HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA GAMING CONTROL BOARD ("PGCB") AND ITS EMPLOYEES AND AGENTS, AND ALL SLOT MACHINE LICENSEES 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 SLOT MACHINE LICENSEE 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 FACILITY WHILE I AM ON THE LIST OF SELF-EXCLUDED PERSONS.

ACKNOWLEDGEMENT

I AM VOLUNTARILY REQUESTING EXCLUSION FROM ALL GAMING ACTIVITIES AT ALL LICENSED FACILITIES IN THE COMMONWEALTH OF PENNSYLVANIA. I AM A PROBLEM GAMBLER. I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS REQUEST FOR VOLUNTARY SELF-EXCLUSION IS TRUE AND ACCURATE. I HAVE READ AND UNDERSTAND AND AGREE TO THE RELEASE INCLUDED WITH THIS REQUEST FOR SELF-EXCLUSION. I AGREE TO PROVIDE UPDATES TO THE INFORMATION PROVIDED IN THIS REQUEST WITHIN 30 DAYS OF THE CHANGE. I AM AWARE THAT MY SIGNATURE AUTHORIZES THE PGCB TO DIRECT ALL SLOT MACHINE LICENSEES TO RESTRICT MY GAMING ACTIVITIES IN ACCORDANCE WITH THIS REQUEST AND, UNLESS I HAVE REQUESTED TO BE EXCLUDED FOR LIFE, UNTIL SUCH TIME AS THE PGCB REMOVES MY NAME FROM THE SELF-EXCLUSION LIST IN RESPONSE TO MY REQUEST TO TERMINATE MY VOLUNTARY SELF-EXCLUSION. I AM AWARE AND AGREE THAT DURING ANY PERIOD OF SELF-EXCLUSION, IF I AM IDENTIFIED ON THE GAMING FLOOR OR IF I ENGAGE IN GAMING ACTIVITY AT ANY LICENSED FACILITY I WILL BE SUBJECT TO REMOVAL, I WILL BE SUBJECT TO ARREST FOR CRIMINAL TRESSPASS AND I MAY NOT COLLECT ANY WINNINGS OR RECOVER ANY LOSSES RESULTING FROM THE GAMING ACTIVITY AND THAT ANY MONEY OR THING OF VALUE OBTAINED BY ME FROM, OR OWED TO ME BY, A SLOT MACHINE LICENSEE AS A RESULT OF WAGERS MADE BY ME WHILE ON THE SELF-EXCLUSION LIST SHALL BE SUBJECT TO REMITTANCE TO THE PGCB.

SIGNED: _____ DATE: _____

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

TYPE OF I.D. OFFERED AND I.D. NUMBER: _____

I CERTIFY THAT I ACCEPTED THIS REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM GAMING ACTIVITIES. I VERIFY THE INFORMATION ON THE ABOVE-REFERENCED IDENTIFICATION CREDENTIAL 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.

PRINT NAME OF PGCB EMPLOYEE

SIGNATURE OF PGCB EMPLOYEE

DATE