



REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM ALL GAMING FACILITIES AND ENTITIES LICENSED, PERMITTED OR REGISTERED BY THE NEW YORK STATE GAMING COMMISSION

THIS FORM IS TO BE COMPLETED BY THE PERSON WHO REQUESTS TO BE EXCLUDED FROM ALL LEGAL GAMING FACILITIES AND ACTIVITIES IN NEW YORK STATE PURSUANT TO TITLE 9 OF THE OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK AND NEW YORK RACING, PARIMUTUEL WAGERING AND BREEDING LAW SECTION 1404(1)(d).

By submitting this completed voluntary self-exclusion form you agree to be excluded from all the following properties, including non-gaming activities at such properties and you will be prohibited from on- and off-track pari-mutuel wagering, internet, and account wagering, participating in any additional gaming or gambling operation not currently listed here which may, in the future, come under the regulatory control of the New York State Gaming Commission (the Commission).

Horse Racing

Aqueduct Racetrack
Batavia Downs
Belmont Park
Buffalo Raceway
Finger Lakes Racetrack
Monticello Raceway
Saratoga Race Course
Saratoga Casino Hotel Racetrack
Tioga Downs
Vernon Downs
Yonkers Raceway

Video Lottery Gaming

Batavia Downs Gaming
Finger Lakes Gaming & Racetrack
Hamburg Gaming
Jake's 58 Hotel and Casino
MGM Empire City Casino
Resorts World Casino Hudson Valley
Resorts World Casino NYC
Saratoga Casino Hotel
Vernon Downs Casino Hotel

Off-Track Betting

Capital Off-Track Betting
Catskill Off-Track Betting Nassau
Off-Track Betting
Suffolk Off-Track Betting
Western Off-Track Betting

Commercial Casino

del Lago Resort & Casino
Resorts World Catskills
Rivers Casino & Resort Schenectady
Tioga Downs Casino Resort

Multi-Jurisdictional Advanced Deposit Wagering

Mobile Sports Wagering

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PLEASE PRINT:

Name: _____
Last First Middle

List any additional name(s) below (include maiden name, aliases, nicknames, etc.):

Home Address: _____
Number & Street Apt. No.

_____ City State Zip Code

Preferred Telephone Number: () _____ - _____

Social Security Number: _____

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. The Voluntary Self-Exclusion Program record keeping system was established pursuant to the authority of New York Racing, Pari-Mutuel Wagering and Breeding Law § 1344. Your social security number is used to verify your identity. Failure to disclose your social security number may prohibit the Commission from effectively implementing your Voluntary Self-Exclusion.

or

Other number taken from a Government-Issued ID: _____

Date of Birth: ____/____/____

Height: ____Feet ____Inches

Weight: ____lbs.

Gender:

____Male
____Female

Hair Color:

____Black
____Brown
____Blonde
____Red
____Gray
____White
____Bald
____Other

Eye Color:

____Black
____Brown
____Hazel
____Blue
____Gray
____Green
____Other

Race:

____White
____Black
____ American Indian
____ Asian or Pacific Islander
____ Hispanic
____ Other

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Other Distinguishing Physical Characteristics: _____

MINIMUM SELF-EXCLUSION PERIOD

Exclusion will be enforced for the period selected below, with **NO EXCEPTIONS**. You will remain on the self-exclusion list until you complete the entire exclusion period, regardless of any change in personal circumstances.

Select the period of time you are requesting to be excluded from all New York gaming properties, including nongaming activities at such properties, on- and off-track pari-mutuel wagering, multi-jurisdictional advance deposit wagering and any additional gaming or gambling operation not currently listed here which may, in the future, come under the regulatory control of the Commission.

____ One (1) year ____ Three (3) years ____ Five (5) years ____ Lifetime

WAIVER AND RELEASE

I understand that by submitting this request, it shall not create any cause of action, right of action, claim, or other right whatsoever in favor of any person against the State of New York, the New York State Gaming Commission, any of the entities and properties listed in this request or any of the representatives or employees of any of the foregoing entities. I hereby release and forever discharge the State of New York, the New York State Gaming Commission, and the entities and properties listed in this request, and the representatives and employees of such entities and properties, from any liability to me and my heirs, administrators, executors and assignees for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for voluntary self-exclusion or any subsequent request for removal from the self-exclusion list, including (1) processing or enforcement of this request or any subsequent request, (2) the failure of any listed property to withhold gaming privileges from me or to restore gaming privileges to me, (3) permitting or not permitting me to engage in gaming activity while I am on the list of self-excluded persons and (4) disclosure of information about me to any person who or group that is not affiliated with the New York State Gaming Commission, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT (Read and initial each statement below before signing)

- ____ I certify that the information that I have provided above and in connection with this request is true and accurate.
- ____ I am not presently under the influence of drugs, alcohol, or suffering from a mental health condition that impairs my ability to make an informed decision.
- ____ I acknowledge that I am voluntarily seeking to exclude myself from the premises of all New York gaming and gambling operations, including those opened or acquired after the date of this request, for the whole term specified on page 3.
- ____ I have read, understand, and agree to the Waiver and Release included with this request.
- ____ I am aware that my signature on page 4 permits the facilities and entities listed above to authorize my exclusion from such properties and entities until the expiration of the exclusionary period I have requested.
- ____ I understand that under no circumstances may I shorten the duration of my self-exclusion term.

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_____ I am aware that my signature authorizes the entities and properties listed above to restrict my casino gaming, video lottery gaming, horse racing and pari-mutuel wagering activities, and any future gaming activities that may, in the future, come under the regulatory control of the Commission for the duration of the exclusion period I selected and until my name has been removed from the self-exclusion list.

_____ I authorize a copy of this request for self-exclusion to be sent to the Commission and to all the entities and properties listed in this request that are in New York State.

_____ I understand that if I self-exclude in New York State, the entities and properties covered by this request may have their own corporate self-exclusion policies that will prevent me from entering and/or engaging in gaming or other gambling activity and/or entering the restaurant, hotel or other amenities located at their affiliated out-of-state properties.

_____ I am aware and agree that during my period of self-exclusion, if I engage in gaming activity at or with any of the entities or properties listed in this request or that may be added in the future, I may not collect any winnings or recover any losses resulting from the gaming activity.

_____ I understand further that any money or thing of value obtained by me from or owed to me by any of the entities or properties listed in this request as a result of wagers made by me while on the self-exclusion list will be forfeited.

_____ I understand that if I am found at any of the properties listed in this request while my name is on the self-exclusion list, I may be subject to arrest and prosecution under all applicable laws, including trespass pursuant to N.Y. Penal Law Section 140.05.

_____ I agree that I will not attempt to enter the premises of and/or use any of the services or privileges available through the entities and properties listed in this request or that may be added in the future during the period I selected on Page 3. I understand that the premises of a commercial casino or video lottery gaming facility include the gaming floor, restaurants, hotels, and other amenities as there may be.

_____ I understand and agree that it is my personal responsibility and not the responsibility of New York State, the Commission or its employees or agents, or any New York licensed establishment or entity to stop me from entering the premises of a commercial casino or video lottery gaming facility or registering for other prohibited gaming services.

_____ I understand and agree that this exclusion will prevent the receipt of direct marketing and promotion materials regarding gaming opportunities.

_____ I acknowledge and understand that this self-exclusion request does not release me from any debts I incurred prior to or during my self-exclusion period.

_____ I fully and completely understand all provisions of this Request for Voluntary Self-Exclusion and sign it voluntarily, freely, and knowingly.

PRINT NAME: _____ SIGNATURE: _____ DATE: ___/___/___

Scan here to talk with someone now about your gambling.



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For help with a gambling problem call 1-877-8HOPE-NY or Text HOPENY (467369). Standard rates may apply.

PHOTO IDENTIFICATION

All requests must include a photo. Photos must be at least 2 x 2 inches and no larger than 4 x 6 inches. Photos must be recent (within six months) and display your full face from the neck up. Tinted glasses, hats and headwear are not permitted. If this self-exclusion request is being completed at any of the properties listed on Page 1, the photograph must be taken by a member of that property's security department. **ATTACH PHOTO BELOW.**

If this request is submitted by mail, it must be notarized below by a duly authorized Notary Public.

STATE OF NEW YORK

COUNTY OF _____

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public

Final, notarized forms with photos may be submitted by mail to New York State Gaming Commission, Director of Education & Community Relations, PO Box 7500, Schenectady, New York 12301-7500

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TYPE OF IDENTIFICATION OFFERED: _____

I certify that I accepted this request for voluntary self-exclusion from all gaming activities listed above. I certify that I have requested government issued identification and that the information and signature above appear to agree with that contained on the identification, and the physical description and the photograph of the person on the identification appear to agree with his or her actual appearance except as specifically provided below.

Name of Property Intake Employee: _____

NYS Gaming/Racing License Number: _____

Noted difference(s) between identification and actual appearance of individual requesting self-exclusion

Signature: _____ **Date:** _____

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