



State of California Use Only
Date Received: _____
Data Input Date: _____
Date to CGCC: _____

## SELF-EXCLUSION FORM

Type or print (in ink) all information requested on this form.

If additional space is needed, please note response on a separate sheet of paper and attach to the form.

You may hand this completed form in to any Cardroom or participating gambling facility, to the Division of Gambling Control, or the California Gambling Control Commission. Or you may mail this completed form to: **Division of Gambling Control, P.O. Box 168024, Sacramento, CA 95816.**

### SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Names (such as Maiden names), Nicknames, or Aliases / A.K.A.'s):

Home Address:

Street	City	State	Zip Code

Mailing Address (if different than Home Address):

Street	City	State	Zip Code

Home Telephone Number:

(       )

Business Number:

(       )

Games most often played:

### SECTION 2: TERM OF EXCLUSION

Please Initial Appropriate Term: One Year \_\_\_\_\_ Five Years \_\_\_\_\_ Lifetime \_\_\_\_\_

### SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male  Female  Date of Birth:  /  /  Race/Ethnicity:

Height:  Weight:  Hair Color/Type:  Eye Color:

Date of Photograph:  /  /  CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

AFFIX A RECENT  
 PASSPORT QUALITY  
 PHOTOGRAPH  
 HERE SHOWING  
 HEAD AND SHOULDERS OF  
 PERSON TO BE EXCLUDED

Type of vehicle normally driven:  License Plate:

**SECTION 4: DECLARATION**

I understand English or have had an interpreter read and explain this form to me from \_\_\_\_\_  
(Language)

I voluntarily seek to exclude myself as described checked in Section 2.

(Initial Here) I agree that I will not attempt to enter and/or use any of the services or privileges of a California Gambling Establishment or participating gambling facility during the period checked in Section 2.

(Initial Here) I acknowledge and understand that should I attempt to enter a California Gambling Establishment or participating gambling facility or use the services of a Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility and any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the Department of Alcohol and Drug Programs, Office of Problem and Pathological Gambling.

I understand that the ultimate responsibility to limit my access to the Gambling Establishment or participating gambling facility or gaming services in the State of California remains mine alone.

(Initial Here) This self-exclusion request is **irrevocable** during the time period checked in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-exclusion. I understand that my information will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the Gambling Establishment or participating gambling facility liable in any way should I enter a Gambling Establishment or participating gambling facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Division of Gambling Control, and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Division of Gambling Control, the Office of Problem Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of all of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION 5: NOTARIZATION**

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

By \_\_\_\_\_,  
 personally known to me OR  proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public \_\_\_\_\_  
My Commission expires on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OR**

**WITNESS BY KEY EMPLOYEE**

As a Key Employee of \_\_\_\_\_, I affirm that on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

I witnessed \_\_\_\_\_,  
(individual's name)

complete this form and that this person is:

personally known to me OR  
 proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee \_\_\_\_\_