



SELF-EXCLUSION REQUEST FORM

Full Name: _____

Last 4 Digits SS#: XXX-XX-_____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Driver's License#: _____ Driver's License State: _____

Sex: _____ Race: _____ Eyes: _____

Hair: _____ Height: _____ Weight: _____

Scars/Tattoos: _____

Any other names used (Alias): _____

1. Are you completing this application of your own free will?

YES **NO** Initials _____

2. I understand that by completing this application, I am authorizing the West Virginia Lottery Commission to release the contents of this application to all West Virginia Casinos and their agents and affiliates?

YES **NO** Initials _____

3. I understand that by completing this application, licensed casinos in West Virginia may choose to deny me service or access at their facilities in other jurisdictions.

YES **NO** Initials _____

I, _____, acknowledge and understand that I am requesting voluntary exclusion from all four (4) West Virginia Racetracks/Casinos and The Greenbrier Casino, all of which are regulated by the West Virginia Lottery, hereafter referred to collectively as "casinos." I hereby request and authorize the West Virginia Lottery Director to place my name on the list of excluded persons pursuant to the Racetrack Table Games Rule §179-8-126 through 130 and/or Limited Gaming Facility Rule §179-4-171 through 175.

I have reviewed and understand the following terms and restrictions of this self-exclusion and agree to all of them, as signified by my initials:

_____ This exclusion is valid for **ALL** West Virginia Racetracks/Casinos, including The Greenbrier Casino.

_____ I agree by the terms of this exclusion, upon entering a casino's property I am guilty of trespass, subject to prosecution. I will be escorted from the premises without appeal or recourse.

_____ I will not attempt to enter any casino from which I have requested exclusion.

_____ I understand that I will not be permitted on the gaming floor of any West Virginia Casino.

_____ I understand that casino surveillance operations and the West Virginia Lottery take reasonable measures to identify self-excluded persons who attempt to enter casinos. Once identified, they promptly escort the self-excluded person from the property.

_____ I understand I am ultimately held responsible for myself and limiting my access to West Virginia Casinos.

_____ I will not seek to hold the West Virginia Lottery or casino liable in any way should I enter a casino and/or use any of the services or privileges therein, despite this exclusion request.

_____ I understand the West Virginia Lottery Exclusion list is public record, and therefore my inclusion on the list is therefore public record.

_____ The West Virginia Lottery Commission will consider removal from the Statewide Self-Exclusion list after one year has passed from the date of the exclusion; if I choose to provide a written request for them to do so.

_____ I understand that I will be on the list permanently unless a determination is made by the West Virginia Lottery Commission, or a court of law, to the contrary.

*Copy and attach photo Identification used to verify patron's identity. If this form is **not** completed in the presence of **West Virginia Lottery Security Personnel**, page 4 must be notarized and a copy of photo identification attached. Please mail completed forms to the address below.*

West Virginia Lottery
900 Pennsylvania Avenue
Charleston, WV 25302
Attn: David Bradley

Copy of photo identification is attached.

WV Lottery Security Printed Name

WV Lottery Security Signature

Date

I completely understand all provisions described herein and request to sign, voluntarily and knowingly, in agreement.

Patron Printed Name

Patron Signature

Date

This page must be notarized if mailing self-exclusion request.

Acknowledgement

State of West Virginia

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____