

## **SELF-EXCLUSION REQUEST FORM**

Full Name:			
Last 4 Digits of SS#: XXX-XX		Date of Birth:	
Street Address:			
City:	State: _	Z	ip Code:
Home Phone:		Work Phone:	
Cell Phone:			
Driver's License #:		License State:	
Gender:	Race:	Eyes:	
Hair:	Height:	Weight:	
Scars/Tattoos/Distinguishing Fea	atures:		
Please select yes or no to the	following questions	and/or statements and in	itial where requested:
1. Are you completing this applie	cation on your own fr	ee will?	
YES	NO	Initials	
2. I understand that by completing to release its contents of this ap	•		•
YES	NO	Initials	
3. I understand that by completi me service or access at their fac	•	_	nia may choose to deny
YES	NO	Initials	

## PERSONAL ACKNOWLEDGEMENT

l,	, acknowledge and understand that I			
am requesting	voluntary exclusion from all four (4) West Virginia Racetracks and Casinos and The			
Greenbrier Casino, all of which are regulated by the West Virginia Lottery, hereafter referred to				
	"casinos". I hereby request and authorize the West Virginia Lottery Director to place my			
•				
	st of excluded persons pursuant to the Racetrack Table Games Rule §179-8-126 through			
130 and/or Lim	nited Gaming Facility Rule §179-4-171 through 175.			
I have reviewe	d and understand the following terms and restrictions of this self-exclusion removal and			
agree to all of them, as signified by my initials:				
ag. 55 to all 5.				
	This exclusion is valid for <u>ALL</u> 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 <u>any</u> 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.			
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	Once identified, they promptly escort the self-excluded person from the facility.			
	I understand that I am ultimately held responsible for myself and limiting my access to			
	the West Virginia Casinos.			
	I will not seek to hold the West Virginia Lottery or casino(s) liable in any way should I enter			
	a casino and/or use any of the services or privileges therein, despite this exclusion			
	request.			
	Lundorstand that the West Virginia Letton, Evalusian List is public record, and therefore			
	I understand that the West Virginia Lottery Exclusion List is public record, and therefore			
	my inclusion on this list is 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 via the West Virginia Lottery's Self-Exclusion Removal Form.			
	provide a written request via the vest virginia Lottery's sen Exclusion Nemoval Form.			
	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.			

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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, the bottom of this page must be notarized.

Please mail completed form to the following address:

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

I completely understand all provisions de in agreement.	scribed herein and request to sign, volu	ntarily and knowingly,
Patron Printed Name	Patron Signature	-
Date	_	
WV Lottery Security Printed Name	WV Lottery Security Signature	-
Date	-	
	TATE OF WEST VIRGINIA	
County of		
Subscribed and sworn to (or affirmed) be	efore me this day of	
Notary Public		
Commission expires:		