CONFIDENTIAL

REQUEST FOR VOLUNTARY EXCLUSION FROM ALL DELAWARE VIDEO LOTTERY FACILITIES

This form is to be completed by any patron requesting to be excluded from **all** gaming activities in **all Delaware Video Lottery Facilities (Delaware Park, Dover Downs, and Harrington Raceway & Casino**) pursuant to Delaware Video Lottery Regulations 7.16. All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1. NAME:

_____

LAST FIRST MIDDLE SUFFIX

2. DO YOU, OR HAVE YOU EVER USED 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. HOME TELEPHONE NUMBER: _____

5. SOCIAL SECURITY NUMBER*: _____
*Disclosure of your Social Security number is mandatory. See instructions for further details. .

6. DATE OF BIRTH: _____
(mm /dd / yyyy)

7. HEIGHT: _____ô _____ò 8. WEIGHT: _____

FT IN LBS

9. GENDER: (Check One) ☐ (M) MALE ☐ (F) FEMALE 10. HAIR COLOR: _____ 11. EYE COLOR: _____

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS:

_____

MINIMUM SELF-EXCLUSION PERIOD

To process this request you must choose the period of time you wish to be excluded from the Delaware Video Lottery Facilities. Please choose one:

☐ **ONE YEAR**

☐ **FIVE YEARS**

☐ **LIFETIME**

WAIVER AND RELEASE

I hereby release and forever discharge the State of Delaware, the Delaware State Lottery Office, the Delaware State Police, the Division of Gaming Enforcement and all their employees, Delaware Park, Dover Downs, and Harrington Raceway & Casino and their employees and agents, and all video lottery licensees and their employees and agents from any liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of, or by reason of any act or omission relating to this request for self-exclusion, including (1) its processing or enforcement, (2) the failure of a video lottery licensee to withhold video lottery gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in video lottery gaming activity in a licensed video lottery facility while on the list of self-excluded persons, and (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at all Delaware licensed video lottery agents because I am a problem gambler. I certify that the information that I have provided above is true and accurate. I have read, understand and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Delaware State Lottery to direct all Delaware video lottery agents to restrict my gaming activities for a minimum period of one year from the date of this request and indefinitely thereafter, until such time as the Lottery removes my name from the self-exclusion list. **I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at all video lottery agent facilities. And furthermore, that any money or thing of value obtained by me from, or owed to me, by a video lottery agent as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. I am aware that during my period of self-exclusion I will be denied access to any player club promotions, offers or memberships relating to video lottery activities at a video lottery facility. Note: any person whose name has been placed on the self-exclusion list, who thereafter knowingly enters a gaming area, is guilty of a Class A misdemeanor.**

SIGNED: _____ DATE: _____

DO NOT WRITE BELOW--------FOR LOTTERY / VLEU PERSONNEL USE ONLY

TYPE OF I.D. OFFERED: _____

I certify that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photography of the person appears to agree with his or her actual appearance.

Date: _____

Forwarded to Video Lottery Agents:

Date: _____ _____

Lottery Employee