# CONFIDENTIAL

## REQUEST FOR VOLUNTARY EXCLUSION FROM <u>ALL</u> DELAWARE VIDEO LOTTERY FACILITIES

This form is to be completed by any patron requesting to be excluded from <u>all</u> gaming activities in all **Delaware Video Lottery Facilities, including their igaming sites (Delaware Park, Bally's Dover, and Harrington Raceway & Casino)** pursuant to Delaware Video Lottery Regulations 7.15. All information contained on this form is confidential.

## PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS IN SPACES PROVIDED.

1. NAME:

LAST	FIRST	MIDDLE	SUFFIX

2. DO YOU, OR HAVE YOU EVER USED ANY OTHER NAME OR NAMES? **YES** INO I If yes, list additional name(s) below (includes maiden name, aliases, nicknames, or any other name):

## 3. HOME ADDRESS:

NUMBER AND STREET							
CITY		STATE			ZIP CODE		
4. TELEPHONE NUM	1BER: (	_)					
5. SOCIAL SECURIT *Disclosure of your So					_ further details		
6. DATE OF BIRTH:	MONTH	/ DAY	/ YEAR		-		
7. HEIGHT:	FT-IN	8. WEIGHT	]:	LBS	-		
PLEASE CHECK APP	ROPRIATE E	BOX:					
9. <u>GENDER</u> : $\Box$ (M) I $\Box$ (F) F		HAIR COLOR:		11. EYE CO	LOR:		
12. OTHER DISTING							

#### 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:

**FIVE YEARS** 

□ LIFETIME (PERMANENT)

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## 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, Bally's Dover, 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 licensed Delaware video lottery agents and their igaming sites because I am a problem gambler. I certify that the information 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 Lottery and the DGE to direct all licensed video lottery agents to prohibit my access to all video lottery facilities and their igaming sites in accordance with this request until such time as the Delaware Lottery removes my name from the self-exclusion list in response to my written request to terminate my voluntary self-exclusion, unless, however, I have requested to be excluded for life. 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 any licensed video lottery agents' premises or on their igaming sites. I am aware (and agree) that while I am on the self-exclusion list, any money or thing of value that I obtain from, or am owned by, a licensed video lottery agent from playing video lottery games or table games will 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 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.

Lottery Employee

Date

Forwarded to Video Lottery Agents:

Date

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