

STATE OF OHIO

CASINO CONTROL COMMISSION



**REQUEST
FOR VOLUNTARY EXCLUSION**

Summary of Rules for the Voluntary Exclusion Program

The following rules and restrictions apply to every individual who enrolls in the Voluntary Exclusion Program (VEP). The term "Ohio casino" means the four casinos located in Cincinnati, Cleveland, Columbus, and Toledo.

VEP Enrollment:

- An individual may select the length of exclusion: one year, five years, or lifetime.
- If an individual selects one year or five years, the exclusion will not end unless and until the individual requests removal after the term of exclusion expires.
- If an individual selects lifetime, the exclusion does not end and the individual cannot request removal.
- The companies that run the Ohio casinos ("casino operators") may decide to evict or deny service to a voluntarily excluded individual at any of their other facilities anywhere in the world, which may include casinos and/or non-gaming facilities, including Las Vegas and/or Atlantic City.
- A voluntarily excluded individual is permitted to enter an Ohio casino, including the gaming area, to perform the duties of his/her employment.
- A voluntarily excluded person must notify the Commission prior to starting a job at an Ohio casino.
- A voluntarily excluded individual must sign a waiver and release discharging the Commission from liability.

Participation in the VEP:

- If an individual signs up for the VEP, the individual's name and information will appear on a confidential list of voluntarily excluded individuals. The list will be distributed to all Ohio casino operators, for the sole purpose of helping the voluntarily excluded individual fulfill the terms of the VEP.
- By signing up for the VEP, a voluntarily excluded individual agrees not to enter any Ohio casino.
- It is the responsibility of the voluntarily excluded individual to stay away from the Ohio casinos and not the responsibility of the Commission or the casino operator to keep the individual away.
- If found in an Ohio casino, a voluntarily excluded individual will be asked to leave and could be subject to arrest and a criminal action for trespassing.
- A voluntarily excluded individual volunteers to surrender any money or thing of value that he/she obtains from or is owed to him/her by the casino operator if he/she is found in an Ohio casino.
- A voluntarily excluded individual does not have check cashing or credit privileges at any Ohio casino.
- All Ohio casino operators must stop all direct marketing efforts to a voluntarily excluded individual.

Removal from the VEP:

- An individual enrolled for a one or five year period is not automatically removed from the VEP. In order to be removed from the VEP, the individual must complete and submit a Request for Removal form to the Commission at any Ohio casino or at the Commission's office in Columbus.

The information above has been read to me, I have been provided a copy of the VEP rules, and I understand the VEP process.

Signature of individual requesting exclusion

Signature of commission staff or designated agent

_____/_____/_____
Date

_____/_____/_____
Date

Request for Enrollment in the Voluntary Exclusion Program

I. Statement of Intent

With my enrollment in the Voluntary Exclusion Program (“VEP”), I state that:

- (1) I am voluntarily committing to refrain from entering any of the Ohio casinos for the period of time specified in this request for statewide voluntary exclusion.
- (2) I alone am responsible for ensuring that I honor my commitment.
- (3) Neither Ohio casino operators nor the Ohio Casino Control Commission have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) If I sign up for a one (1) or five (5) year term, I must make a written request for removal at the end of my term or I will remain in the VEP. If I sign up for a lifetime term, I will never be able to request removal from the VEP.
- (5) I acknowledge that some Ohio casino operators have a corporate policy that will cause this exclusion to apply at all the casinos that they own, manage or operate in other states and countries, or casinos they acquire after the date this form is signed and that it is my responsibility to determine if a casino operator has a policy that will ban me from playing at or visiting those casinos when I travel outside of Ohio.

Signature of individual requesting exclusion

_____/_____/_____
Date

II. Application

Instructions

- Read the entire form, the summary of VEP rules (attached), and the VEP rules (attached) before responding to the questions.
- Print in blue or black ink the answers to all questions.
- Present a valid driver's license or government-issued identification card.

Important Notices

By signing and submitting this request, you are volunteering to refrain from entering all Ohio casinos for at least the time period that you specify in Section 1, Question 15 below.

The Ohio Casino Control Commission (Commission) and the Ohio casino operators will comply with all rules protecting the confidentiality of your enrollment in the VEP. However, the Commission must release information regarding the VEP to all Ohio casino operators so that the Commission and the Ohio casino operators can help you fulfill your commitment to refrain from gambling; accordingly, the Commission cannot guarantee the confidentiality of the information once the information has been given to the Ohio casino operators.

All actions outlined in this request that either the Commission or an Ohio casino operator may take are incentives that you are asking the Commission and Ohio casino operators to use to help you fulfill your commitment to refrain from gambling, and are not a guarantee that any party, including the Commission, can physically prevent you from going to Ohio casinos.

Section 1: Personal Information

1 Full legal name of individual requesting voluntary exclusion.

First Middle Initial Last

2 Alias/nicknames/other names used:

First Middle Initial Last

3 Residential address:

Street or P.O. Box

City State Zip

County of Residence

4 Residential telephone (____) _____ - _____

Other telephone (____) _____ - _____

5 Social Security Number ____ -- ____ -- ____

Under the Privacy Act the disclosure of your Social Security Number is voluntary.

6 Date of birth ____/____/____

7 Driver's license number or State identification number:

Number _____ Issuing State _____

8 Sex Male Female

9 Physical Description

Height _____ Weight _____

Hair color _____ Eye color _____

10 Contact lenses Yes No

11 Ethnicity

Caucasian/White African-American/Black

Hispanic/Latino Native American

Asian/Pacific Islander

Other _____

12 Nation origin _____

Passport number _____

Alien Registration number _____

Country of citizenship _____

13 Complexion

Light Medium Dark

14 Noticeable physical characteristics (birthmarks, scars, tattoos, etc.) _____

15 I hereby request enrollment in the VEP for a minimum of:
 One year Five years Lifetime

16 Are you required to enter an Ohio casino to perform your job duties?
 Yes No

If yes, please provide the following information:

Employer _____

Job Title _____

Location(s) at which entry is/may be needed

17 I was referred by:

- Casino employee Signs at the casino
 Family member Mental health provider
 Billboard/radio/television advertisement
 Other _____

Section 2: Waiver and Release

I release and forever discharge the state, the Ohio Casino Control Commission, and its employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for enrollment in the VEP or any future request for removal from the VEP, including the following: (A) administration or enforcement of the VEP; (B) the failure of an Ohio casino operator to withhold gambling privileges, direct marketing, check cashing, or extension of credit to me; (C) disclosure of information contained in this form; or (D) the dissemination of confidential information contained in this form by unauthorized persons.

Signature of individual requesting exclusion Date ____/____/____ Time ____:____.M.

Section 3: Authorization and Request to Release Information

- I understand that after I file this request, the Commission will inform all Ohio casino operators that I have voluntarily excluded myself for the stated period of time.
- I understand that once an Ohio casino operator receives notice that I have excluded myself, it may deny me entry and/or service at its commonly owned, managed or operated facilities anywhere in the world. This may include non-gaming areas and amenities. Each casino operator will make its decision to deny or not deny service on its own and without interference from the Commission.
- I accept any risk of adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of the information authorized in this Authorization and Request to Release Information.
- I request that the Commission release my photograph and all other information provided in this form that is necessary for an Ohio casino operator to enforce my voluntary exclusion.

Signature of individual requesting exclusion Date ____/____/____

Certification of Witness: I certify that I personally witnessed _____ sign his/her name this ____ day of _____, 20____, that the individual requesting voluntary exclusion appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and that the signature, physical description and identity of the individual requesting voluntary exclusion match the individual's photograph and credentials, photocopies of which are attached to this Request.

Signature of Commission employee or designated agent

Printed name of Commission employee or designated agent

____/____/____
Date

Section 4: Verifications

- 18 Are you in need of a language interpreter in order to understand the Voluntary Exclusion Program (VEP) and the questions contained in this form?
 Yes No
(If yes, section six must be completed.)
- 19 Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision?
 Yes No
- 20 Are completing this request form of your own free will?
 Yes No
- 21 Have you read this form and do you understand everything in it?
 Yes No
- 22 Do you have any confusion or questions about this form or the VEP that the Commission has not answered to your satisfaction?
 Yes No
- 23 Do you volunteer to not enter any Ohio casinos until you have successfully obtained removal from the VEP after your term of exclusion ends?
 Yes No
- 24 Do you understand that the VEP applies not only to the casino where you signed up, but to all Ohio casinos?
 Yes No
- 25 Do you volunteer to surrender any money or thing of value that you win at any Ohio casino if you are found in the gaming area of the casino while you are in the VEP?
 Yes No
- 26 Do understand that you are ineligible to win a gambling game while you are in the VEP and therefore you will not be paid if you attempt to claim any winnings at an Ohio casino?
 Yes No
- 27 Do you agree to forfeit all points or complimentaries earned by you through a casino operator's marketing program on or before the date that you complete this form?
 Yes No
- 28 Do you volunteer to be removed from the casino if you are found in an Ohio casino at any time while you are in the VEP?
 Yes No
- 29 Do you understand that releasing the information in this form to the agents and affiliates of all Ohio casino operators may cause the casino operator to deny you service at its commonly owned, managed or operated facilities anywhere in the world, including non-gaming areas and amenities?
 Yes No
- 30 Do you agree that you are requesting to be placed in the VEP for a minimum of one year, five years, or life?
 Yes No
- 31 **(If the term is one or five years)** Do you agree that you may extend but not reduce, your exclusion term?
 Yes No
- 32 **(If the term is one or five years)** Do you agree that you must make a written request for removal at the end of your exclusion term, or else you will remain in the VEP?
 Yes No
- 33 **(If the term is lifetime)** Do you agree that you will never be able to request removal from the VEP?
 Yes No
- 34 Do you understand that you may receive a letter from each Ohio casino operator informing you that they have received notification of your participation in the VEP?
 Yes No
- 35 Do you agree to provide the Commission with updated information if any of the information provided in this form changes?
 Yes No
- 36 Do you agree to notify the Commission if any Ohio casino operator sends promotional mailings to you while are in the VEP?
 Yes No
- 37 Do you understand that you may be contacted by the Commission to evaluate Ohio's problem and compulsive gambling programs, including the VEP?
 Yes No

