



## **AGUA CALIENTE GAMING COMMISSION**

### **Request for Removal from the Self-Exclusion List Instructions**

1. Please read these Instructions and the Request for Removal from the Self-exclusion List Form [hereinafter referred to as "Removal Form"], including the waiver and acknowledgement, carefully. By signing this Removal Form, you are acknowledging that you have resolved, received counseling and/or the like as they relate to your problem gambling, which caused you initially to request placement on the Agua Caliente Gaming Commission's Self-Exclusion List. You further understand that by your request for revocation of this self-exclusion that you will be able to choose as to whether or not you wish to take part in the gaming activities at the casinos owned and operated by the Agua Caliente Band of Cahuilla Indians [hereinafter referred to as the "ACBCI".]

2. The Completed Removal Form must be submitted in person, by the person requesting removal from the self-exclusion list at the following location during normal business hours:

Agua Caliente Gaming Commission  
Executive Director's Office  
3700 Tachevah Drive, Building A, Suite 102  
Palm Springs, CA 92262  
Telephone: (760) 323-1882

3. You must bring with you identification that contains your signature **and** a photograph or physical description, such as a driver's license, passport or military identification card. An Agua Caliente Gaming Commission [hereinafter referred to as "ACGC"] employee will make a copy of your identification document.

4. In accordance with Section 5 of the United States Privacy Act, 7 U.S.C. 522a, the disclosure of the Social Security Number by the individual requesting removal from the self-exclusion list is voluntary. Failure to provide this information is not grounds for denial of a request for removal of your name from the Agua Caliente Gaming Commission's self-exclusion list.

5. On or before the end of (30) business days following receipt of the executed and notarized Removal Form, the Agua Caliente Gaming Commission will cause to have the requesting party's name removed from the Agua Caliente Gaming Commission Self Exclusion Database and will send the appropriate written notification to the ACBCI gaming facilities as to this action.

6. The ACBCI, its Tribal Council and the Members of the Tribal Council, the ACGC and its Board and its Board Members and the ACGC Agents and the employees of the ACBCI and ACGC and any gaming facility owned by the ACBCI as well as the employees of said gaming establishment shall not be liable for any acts or omissions relating in any way to your revocation of your previous request for self-exclusion.

I have read and understood the above stated instructions.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Your Name

## REQUEST FOR REMOVAL FROM SELF EXCLUSION LIST

### Agua Caliente Gaming Commission

This form is to be completed by a patron requesting to be **removed from the Agua Caliente Gaming Commission's self-exclusion list**. Said patron acknowledges that by requesting removal from this self-exclusion list that they will be able to choose as to whether or not they wish to take part in gaming activities at the Casinos owned and operated by the Agua Caliente Band of Cahuilla Indians. All information contained on this form is confidential.

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

1. NAME: \_\_\_\_\_  
LAST (INCLUDE SR. JR. ETC. IF APPLICABLE) FIRST MIDDLE

2. HOME ADDRESS: \_\_\_\_\_  
NUMBER AND STREET APT #

\_\_\_\_\_  
CITY STATE ZIP CODE

3. HOME TELEPHONE NUMBER: \_\_\_\_\_  
(AREA CODE) NUMBER

4. SOCIAL SECURITY NUMBER\*: \_\_\_\_\_ \* **Disclosure of your Social Security Number is voluntary. See instructions for further details.**

5. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

6. HEIGHT: \_\_\_\_\_ 7. WEIGHT: \_\_\_\_\_  
FEET/INCHES LBS.

PLEASE CHECK THE APPROPRIATE BOX:

8. GENDER: \_\_\_\_\_ (M) MALE (F) FEMALE

9. HAIR COLOR: \_\_\_\_\_ (BK) BLACK (BR) BROWN (BD) BLOND  
(RD) RED (GY) GRAY (WH) WHITE  
(BA) BALD (OT) OTHER: \_\_\_\_\_

10. EYE COLOR: \_\_\_\_\_ (BK) BLACK (BR) BROWN (HZ) HAZEL  
(BL) BLUE (GY) GRAY (GR) GREEN  
(OT) OTHER: \_\_\_\_\_

**WAIVER AND RELEASE**

I hereby release and irrevocably waive any and all claims, of every nature whatsoever, against the Agua Caliente Band of Cahuilla Indians [hereinafter referred to as "the ACBCI"], its Tribal Council and the Members of the Tribal Council, the Agua Caliente Gaming Commission and its Board and its Board Members [hereinafter referred to as "the ACGC"] and the agents and employees of the ACBCI and ACGC, for any harm, economic or otherwise, which arises from my reinstatement and my subsequent gaming at the Casinos owned and operated by the ACBCI.

**ACKNOWLEDGEMENT**

I am voluntarily requesting to be removed from the ACGC's self-exclusion list. I acknowledge that I have resolved, received counseling and/or the like as they relate to my problem gambling, which caused me initially to request placement on the ACGC's self-exclusion list. I understand by my request for revocation of this self-exclusion that I will be able to choose as to whether or not I wish to take part in gaming activities at the casinos and facilities owned and operated by the ACBCI.

I certify that the information that I have provided above is true and accurate. I am aware that my signature below constitutes a revocation of my previous request for self-exclusion and I authorize the ACGC to permit the gaming facilities owned and operated by the ACBCI to reinstate my gaming privileges.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

*"A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document."*

State of California )  
County of \_\_\_\_\_ )

On \_\_\_\_\_, before me \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_

Notary Public

Official Seal

FORWARDED TO CASINOS:

Date: \_\_\_\_\_

\_\_\_\_\_  
ACGC Employee Signature

\_\_\_\_\_  
Print ACGC Employee Name