



AGUA CALIENTE GAMING COMMISSION

Request for Voluntary Exclusion from Casino Gambling Instructions

1. Please read these Instructions and the Request for Voluntary Exclusion from Casino Gambling Form [hereinafter referred to as "Request Form"], including the waiver and acknowledgement, carefully. By signing this Request Form, you are acknowledging that you have a gambling problem and are agreeing to be excluded from all gambling establishments owned and operated by the Agua Caliente Band of Cahuilla Indians [hereinafter referred to as the "ACBCI"]. This means you cannot gamble, receive credit, use complimentary goods or services, be a member of a slot or players club, cash checks, collect future winnings or recover future losses. Also, ACBCI gaming facilities are to remove your name from their direct marketing lists.

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

Agua Caliente Gaming Commission
960 E. Tahquitz Canyon Way 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 take your photograph.

4. Your photograph and identifying information will be distributed to the appropriate casino personnel. The information contained in the self-exclusion requests and the self-exclusion list maintained by the ACGC are not open to public inspection and every effort will be made to maintain its confidentiality. However, the ACGC and the gaming facilities owned by the ACBCI are not liable for any disclosure of such information other than a willfully unlawful disclosure.

5. 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 self-exclusion is voluntary. Failure to provide this information is not grounds for denial of a request for self-exclusion. If the Social Security Number is provided, it will be disclosed to the gaming facilities owned and operated by the ACBCI for their use in identifying the individual as a self-excluded person in order to deny credit, check cashing and other similar privileges, and a forfeiture purpose.

6. You must choose one or three options for the minimum length of time your name will remain on the self-exclusion list:

- a. One (1) year;
- b. Five (5) years; or
- c. For Life. Please initial

If you choose the one- or five-year option, your name will remain on the self-exclusion list indefinitely unless you request that it be removed; however, you cannot request removal from the list before one year or five years (depending on the option you chose) from the date you submitted the request for self-exclusion. If you choose a lifetime exclusion period, you **cannot** request removal from the list.

7. **It is your responsibility to refrain from gaming activities.** 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 in processing or enforcement of your request for self-exclusion, including failure to withhold your gambling privileges. However, if an individual who has requested self-exclusion, is caught gambling in a gaming facility owned and operated by the ACBCI, you will be subject to forfeiture of any winnings, including any chips, tokens, or electronic gaming device credits in your possession, and you are to be escorted from the gaming floor.

8. 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 in processing or enforcement of any later request by the individual to be removed from the self-exclusion list.

I have read and understood the above stated instructions.

Date: _____

Signature

Print Your Name

REQUEST FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING

Agua Caliente Gaming Commission

This form is to be completed by a patron requesting to be excluded from gaming activities in all Gaming Facilities owned and operated by the Agua Caliente Band of Cahuilla Indians. All information contained on this form is confidential.

**PLEASE PRINT CLEARLY, ANSWER
THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

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

2. 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: (AREA CODE) NUMBER

5. SOCIAL SECURITY NUMBER*: _____

***Disclosure of your Social Security Number is voluntary. See instructions for further details.**

6. DATE OF BIRTH: MONTH DAY YEAR

7. HEIGHT: FEET/INCHES 8. WEIGHT: LBS.

PLEASE CHECK THE APPROPRIATE BOX:

9. GENDER: (M) MALE (F) FEMALE

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

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

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS:

13. MINIMUM SELF-EXCLUSION PERIOD (Choose One) ONE-YEAR FIVE YEARS LIFETIME initial

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 each act and/or omission relating in any way to this request for self-exclusion including, without limitation (1) its processing, (2) its enforcement or attempt to enforce, (3) the failure to enforce this request for exclusion from gaming activities, (4) the failure to restore gaming privileges to me and (5) disclosure of any information set forth in this request for voluntary exclusion or a list of people excluded, except for a willful and unauthorized disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at all casinos and facilities owned and operated by the ACBCI because I am a problem gambler. I certify that the information that I have provided above is true and accurate, and that 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 ACGC to direct all casinos owned and operated by the ACBCI, 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 ACGC removes my name from the self-exclusion list in response to my written request to terminate my voluntary self-exclusion.

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