

THE PROBLEM GAMBLING COALITION OF COLORADO

VOLUNTARY CASINO SELF-EXCLUSION APPLICATION AND WAIVER

Please print clearly (Illegible or incomplete forms will be returned and will require resubmission):

Full Name:		Last four digits of SS #:	
Street Address:		Date of Birth:	
City:	State:	Zip Code:	
Home Phone:	Business Phone:	Driver's License # and State:	
Height:	Weight:	Hair:	Eyes: Sex:
Any other names used (a.k.a.):			
Identifying marks/scars/tattoos:		Race:	

I, _____, acknowledge that I am requesting and
(Please Print)

voluntarily seeking to exclude myself, and I have not been coerced to exclude myself from Colorado casinos. I hereby request and authorize the Problem Gambling Coalition of Colorado to place my name on the list of self-excluded persons subject to the terms and conditions below. I understand that no further points, rewards or benefits may be accumulated or redeemed from any Colorado casino player recognition programs I have participated in prior to my request for self-exclusion. I have selected the following length of my self-exclusion, and I hereby request and authorize the Problem Gambling Coalition of Colorado to place my name on the list of self-excluded persons for a period of:

3 YEARS 5 YEARS 10 YEARS LIFETIME

By my signature below, I hereby certify and agree as follows:

- I. The information I have given above is accurate, and I will notify the Problem Gambling Coalition of Colorado in writing of any changes.
- II. I request to be excluded from all gaming activities at all licensed casinos in the State of Colorado.

III. I will not attempt to enter and/or use any of the services or privileges of any Colorado casinos during the period of this self-exclusion.

IV. This self-exclusion request may not be revoked during the time period indicated above.

V. I understand that the ultimate responsibility to refrain from gaming activities and to refrain from visiting casinos is mine alone and Colorado casinos, its parent companies, administrators and any and all subsidiaries will not be responsible for the enforcement or non-enforcement of this agreement.

VI. Colorado casinos may have company policies in which self-exclusion is considered to be a permanent decision, regardless of the term selected above.

VII. Colorado casinos may share information about my request for exclusion with other affiliated out-of-state casinos and these affiliated casinos may also exclude me according to their company policies, but they are not required to do so.

VIII. I understand that after signing this form, if I am found to be present at any of the casinos in Colorado that I may be evicted as a trespasser and that the Colorado casinos may assert any legal rights and claims against me as a trespasser.

IX. I understand that I must provide written notification to the Problem Gambling Coalition of Colorado at the end of the time period indicated above to be removed from the self-exclusion list, that the Problem Gambling Coalition of Colorado retains sole discretion in deciding whether or not to agree to such request, and that no action will be taken to remove my name from the self-exclusion list until the Problem Gambling Coalition of Colorado receives my written notification.

X. I, for myself, my family members, heirs and legal representatives, release the Problem Gambling Coalition of Colorado ("PGCC"), the Colorado Gaming Association ("CGA"), all Colorado casinos, and any person associated in any way with the PGCC, CGA or any casino (collectively, the "Released Parties") from all liability that could arise from my exclusion from Colorado casinos, any betting activity that I undertake at a Colorado casino notwithstanding such exclusion, or any other act that I attempt or undertake in a licensed limited gaming establishment. If the Released Parties incur any liability as a result of their performance or nonperformance of this self-exclusion request, I agree to be responsible for that liability, including reasonable attorneys' fees.

I hereby certify that I have read and that I understand and agree to the above terms and conditions.

Date: _____ Signature: _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN to (or affirmed) before me this ____ day of _____,

20____ by _____. WITNESS my hand and official seal.

Notary Public

[Place notary seal above]

My commission expires: _____

Mail completed form to:
Problem Gambling Coalition of Colorado
Self-Exclusion Program
P. O. Box 260435
Lakewood, CO. 80226