

# Arizona Department of Gaming Self-Exclusion Form

**Please print clearly:**

Full Name: _____ <small>First Middle Last</small>			SS #: _____ - _____ - _____	
Street Address: _____			Date of Birth: _____	Age: _____
City: _____		State: _____	Zip Code: _____	
Home Or Cell Phone: _____ ( ) ( )	Business Phone: _____ ( ) ( )	Driver's License # _____	State _____	
Email Address: _____				
Height: _____	Weight: _____	Eyes: _____	Hair: _____	Sex: _____
Any other names used (a.k.a.): _____				
Scars/Tattoos: _____			Race: _____	
_____ I request information be mailed or emailed to me describing services available to help me with my gambling problem. (Initials required; no return address will be used. <b>Please indicate mail or email preference.</b> )				
<b>Optional Information:</b> Gambling activities that <b>cause me</b> the most problems (mark all that apply) <input type="checkbox"/> Slots <input type="checkbox"/> Poker <input type="checkbox"/> Blackjack <input type="checkbox"/> Bingo <input type="checkbox"/> Keno <input type="checkbox"/> Horse/Dog Races <input type="checkbox"/> Video Poker <input type="checkbox"/> Lottery <input type="checkbox"/> Sports <input type="checkbox"/> Internet <input type="checkbox"/> Stocks				

I, \_\_\_\_\_, acknowledge that I am a problem gambler and voluntarily seek to exclude myself from Indian Gaming Facilities in Arizona.\* With my initials, I hereby request and authorize the Arizona Department of Gaming to place my name on the list of self-excluded persons for a period of:

**one year**     **five years**     **or ten years** (**Initial the specific time period you are selecting.**)

I have reviewed and understand the following terms and restrictions of this self-exclusion and agree to all of them:

**Initial Each Line:**

- \_\_\_\_\_ 1. I understand that this self-exclusion request is **irrevocable** during the time period indicated above.
- \_\_\_\_\_ 2. I understand this exclusion is valid for all Indian Gaming Facilities within the State of Arizona and all services associated with those Gaming Facilities.
- \_\_\_\_\_ 3. I will not attempt to enter and/or use any of the services or privileges of the Gaming Facilities from which I have requested exclusion during the period of this self-exclusion.
- \_\_\_\_\_ 4. I understand that the Tribal Gaming Office shall require the Gaming Facility Operator to take reasonable steps to identify self-excluded persons who may be in a Gaming Facility and, once identified, the self-excluded person shall be promptly escorted from the Gaming Facility.
- \_\_\_\_\_ 5. I understand that a person violating this self-exclusion may receive a citation and/or be arrested and prosecuted by Tribal or other authorities. In addition, all violations are reported to the Department of Problem Gambling and a letter will be sent to those in violation reminding them of the terms of their self-exclusion.
- \_\_\_\_\_ 6. I understand the ultimate responsibility to limit my access to all Indian Gaming Facilities within the State of Arizona and/or gaming services remains mine alone.

The Arizona Department of Gaming will treat this self-exclusion request confidentially. However, pursuant to Section 3(v)(D) of the Compact, the State Gaming Agency shall, on a monthly basis, provide the compiled information to the Tribal Gaming Office. The Tribe shall treat the information received from the State Gaming Agency under this Section as confidential and such information shall not be disclosed except to the Gaming Facility Operator and other tribal gaming offices for inclusion on their lists, or to appropriate lists, or to appropriate law enforcement agencies, if needed, in the conduct of an official investigation or unless ordered by a court of competent jurisdiction.

\*Although the self-exclusion list is provided only to Arizona casinos, there may be casino management companies operating Arizona casinos, such as Harrah's/Caesars Entertainment, which have a policy that any person excluded from one of their casinos is excluded from all of their casinos worldwide.

7. I understand that the Tribal Gaming Office shall require the Gaming Facility Operator to remove all self-excluded Persons from all mailing lists and to revoke any slot or player's cards. The Tribal Gaming Office shall require the Gaming Facility Operator to take reasonable steps to ensure that cage personnel check a Person's identification against the State Gaming Agency's list of self-excluded Persons before allowing the Person to cash a check or complete a credit card cash advance transaction. I understand that the Tribal Gaming Office shall prohibit the Gaming Facility Operator from paying any hand-paid jackpot to a Person who is on the Tribal or State Gaming Agency self-exclusion list. Any jackpot won by a Person on the self-exclusion list shall be donated by the Gaming Facility Operator to an Arizona-based non-profit charitable organization.

8. I understand that neither the Tribe, the Gaming Facility Operator, the Tribal Gaming Office, nor any employee thereof shall be liable to any self-excluded Person or to any other party in any proceeding and neither the Tribe, the Gaming Facility Operator, nor the Tribal Gaming Office shall be deemed to have waived its sovereign immunity with respect to any Person for any harm, monetary or otherwise, which may arise as a result of:

1. The failure of the Gaming Facility Operator or the Tribal Gaming Office to withhold or restore gaming privileges from or to a self-excluded person; or
2. Otherwise permitting a self-excluded Person to engage in Gaming Activity in a Gaming Facility while on the list of self-excluded Persons.

9. I will not seek to hold the Arizona Department of Gaming liable in any way should I enter a Gaming Facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of Arizona and the Arizona Department of Gaming for any liability relating to this request. Specifically, I, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, and forever discharge the Arizona Department of Gaming, the Arizona Gaming Tribes, their agents, employees, officers, and Director and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties"), from any and all claims in law or equity that I now have, or may have in the future, against any or all of the Released Parties arising out of, or by reason of, the performance or non-performance of this Self-Exclusion Request, or any other matter relating thereto. I further agree, in consideration for the Released Parties efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

This form is **not valid** unless notarized. Please sign and date **in front of notary**. Notary date and applicant's date must be the same.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

This section to be completed by Notary Public

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

[Place notary seal above]

My Commission expires: \_\_\_\_\_

**Mail or deliver completed form, with a minimum 2" x 3" original color photograph (head and shoulders) to:**

Dawn M. Revere  
Arizona Department of Gaming  
1110 W. Washington St., Suite 450  
Phoenix, Arizona 85007

Note: A clearly-identified digital JPEG picture may be sent by e-mail to [drevere@azgaming.gov](mailto:drevere@azgaming.gov)

This page is **optional**. We would appreciate your time in completing this as it will help us gather important statistics for those self-excluding. This information will help us know what services are most needed. It is completely confidential and your name will not be used. It can be mailed either with the self-exclusion form or in a separate envelope to keep your identity anonymous.

Male  Female

How did you hear about the self-exclusion program?  Advertising  Casino  Event Exhibit Table  
 Prior self-exclusion  Website  Word of mouth  Other: \_\_\_\_\_

What is your age range?  21-24  25-34  35-44  45-54  55-64  Over 65

At what age did you place your first gambling bet? \_\_\_\_\_ What type of bet was it? \_\_\_\_\_

How often do you gamble, either online, lottery, casino, sports betting, etc.?  Daily  Weekly  
 Monthly  A few times a year  Other: \_\_\_\_\_

How much money do you "typically" and on average spend/lose at a casino?  
 Less than \$500.00  \$501.00 - \$1,000.00  \$1,001 - \$5,000.00  Over \$5,000.00

How has your gambling affected the following:

Your relationships (spouse, partner, children):  Not at all  Somewhat  Substantially  
Your job:  Not at all  Somewhat  Substantially  
Your finances:  Not at all  Somewhat  Substantially  
Your lifestyle:  Not at all  Somewhat  Substantially  
Your health:  Not at all  Somewhat  Substantially

Please explain: \_\_\_\_\_

Have you ever attended a Gamblers Anonymous meeting?  Yes  No

If so, did you find it helpful?  Yes  No

Please explain: \_\_\_\_\_

Have you ever sought treatment for your problem gambling?  Yes  No

If so, did you find it helpful?  Yes  No

Please explain: \_\_\_\_\_

Do you have a problem with alcohol, substance abuse, etc.?  Yes  No

If yes, have you ever sought treatment for your problem?  Yes  No

Based on your experience with the Arizona Office of Problem Gambling, please answer the following:

Employee Name: \_\_\_\_\_

Were you treated courteously?  Yes  No  N/A

Was the Self-Exclusion Program thoroughly explained to you?  Yes  No  N/A

Were your expectations about the Self-Exclusion Program met?  Yes  No  N/A

If not, please explain: \_\_\_\_\_

What is your annual income?  Less than \$50,000.00  \$50,000.00 - \$75,000.00  
 \$75,001.00 - \$100,000.00  \$100,001.00 - \$125,000.00  \$125,000.00-\$150,000.00  
 More than \$150,000.00  Prefer not to answer

What is your marital status?  Married  Divorced  Single  Widow(er)

Would you recommend this program to others?  Yes  No

Please explain: \_\_\_\_\_