

PLAYERS**EDGE**

THE SEMINOLE TRIBE OF FLORIDA'S
VOLUNTARY
SELF-EXCLUSION
PROGRAM

FLORIDA COUNCIL ON COMPULSIVE GAMBLING
24 HOUR HOTLINE 1-888-ADMIT-IT
(236-4848)



SEMINOLE TRIBAL GAMING COMMISSION

VOLUNTARY SELF-EXCLUSION PROGRAM

REQUEST FOR VOLUNTARY EXCLUSION FROM CASINO GAMBLING

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

1. NAME: _____

2. DO YOU USE ANY OTHER NAME OR NAMES? YES____ NO____ IF YES, LIST THE ADDITIONAL NAME(S) BELOW
Include maiden names, aliases, nicknames or any other name(s):

3. HOME ADDRESS: _____

_____ (City) _____ (State) _____ (Zip)

4. HOME PHONE NUMBER: _____ - _____ - _____

5. SOCIAL SECURITY NUMBER: _____
(disclosure is voluntary)

6. DRIVER'S LICENSE NO.: _____

7. DATE OF BIRTH: _____ / _____ / _____

8. HEIGHT: _____ FT. & IN.

9. WEIGHT: _____ LBS.

10. PLEASE CHECK APPROPRIATE BOX:

GENDER: M F

HAIR COLOR: BLACK BROWN BLONDE RED GREY

WHITE BALD OTHER _____

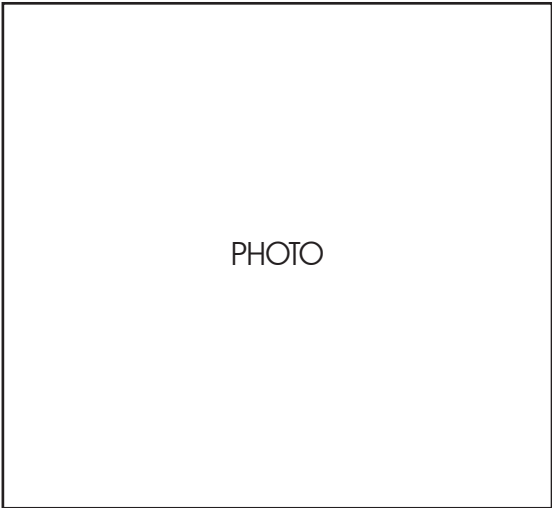
EYE COLOR: BLACK BROWN HAZEL BLUE GREY

GREEN OTHER _____

11. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: _____

12. SELF-EXCLUSION PERIOD: _____

13. EFFECTIVE DATE OF SELF-EXCLUSION: _____



WAIVER AND RELEASE ACKNOWLEDGEMENT

I understand and read the English language or have had an interpreter read and explain this form. I am voluntarily requesting exclusion from all gaming activities at all Seminole Tribe of Florida casino gaming establishments, including mobile sports betting, because I am a compulsive and/or 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 Seminole Tribal Gaming Commission to direct all Seminole Tribe of Florida casinos to restrict my gaming activities and access to casino gaming establishments, including mobile sports betting, for a period of one (1) year, five (5) years or lifetime from the date of exclusion. During such period of time, I will not attempt to enter any Seminole Casino or non-gaming facilities. I further understand that my name will remain on the Self- Exclusion List until the expiration of the exclusion. If I select a one (1) year or five (5) year self-exclusion, there is no appeal process and my name will be removed from the Self-Exclusion List on the date of expiration. In the case of a lifetime Self-Exclusion, I may submit a written request after five years to the Seminole Tribal Gaming Commission to terminate my Self-Exclusion. I am aware and agree that during any period of Self-Exclusion, I am prohibited from collecting any winnings or recovering any losses resulting from any gaming activity at any Seminole Casino and that any money or thing of value obtained by me from, or owed to me by the casino as a result of wagers made by me while on the Self-Exclusion List shall be withheld.

INITIALS _____

In addition, a Self-Excluded individual may not enter any of the Seminole Tribe of Florida Casinos or utilize non-gaming facilities (including, but not limited to, hotels, restaurants, retail shops, parking, Hard Rock Live, or any leased premises/outlets in a Casino or at any outside Casino location) while in the Self-Excluded status. If you return to any of the Seminole Casinos or non-gaming facilities before the expiration of your self-exclusion, you will be considered in violation of that exclusion, and as a result you will be ejected from the casino. All subsequent exclusion violations may be subject to an arrest by the Seminole Police Department.

INITIALS _____

PLEASE INITIAL LENGTH OF EXCLUSION BELOW:

One (1) Year _____ Five (5) Years _____ *Lifetime _____

SIGNED: _____ DATE: _____

* Written requests for reinstatement of lifetime self-exclusions must be submitted only after 5 years have expired. Send requests to: Seminole Tribal Gaming Commission, Attn: Executive Director, 6300 Stirling Rd., Hollywood, FL. 33024

DO NOT WRITE BELOW

FOR SECURITY USE ONLY

TYPE OF IDENTIFICATION OFFERED: _____

SECURITY SIGNAGE _____

GAMING COMMISSION SIGNATURE: _____





SEMINOLE TRIBAL GAMING COMMISSION VOLUNTARY SELF-EXCLUSION PROGRAM

I _____ have reviewed the attached Waiver & Release Acknowledgment
(Print Your Name)
Form indicating that I have a gambling problem. I understand that if I select one (1) year or five
(5) years, there is no appeal process. I also understand that if I select "LIFETIME," I must wait until
five (5) years has expired before requesting to be removed from the program.

PROGRAM PARTICIPANT:

(Print Your Name) (Signature) (Date)

WITNESS:

(Print Your Name) (Signature) (Date)

COMPLETE THE SECTION BELOW IF YOU ELECT TO MAIL THIS FORM. MAIL IT TO YOUR NEAREST SEMINOLE
CASINO SECURITY DEPARTMENT.

SWORN to and Subscribed before me this _____ day of _____, 20_____.

(Must enclose copies of valid federal/state identification and a current photograph)

(Notary Public) (Identification Produced)

My Commission Expires: _____ (or) Personally Known: _____

Notary Seal: