



REINSTATEMENT REQUEST FORM

MAIL TO San Manuel Casino Compliance Department, P.O. Box 366, Patton, CA 92369-0366
OR FAX TO: (909) 425-5485 ATTN: CASINO COMPLIANCE

TYPE OR PRINT (IN INK) THE FOLLOWING INFORMATION:

Full Name (Print): Date of Birth:

Contact Phone #: Club Serrano #:

Date Exclusion Began: (Estimate if needed)

Reason for Self-Exclusion:

Mailing Address:

1. Effective, Today's Date I, Print Full Name hereby request reinstatement of my gaming privileges at San Manuel Casino ("SMC"). In support of my reinstatement request, I affirm the following:

- I have attended an "intake session" with a counselor or therapist qualified to treat gambling addiction, and been educated about gambling addiction and the potential risks and harms associated with it.
- I am voluntarily seeking to remove myself from the list of excluded persons.

2. In consideration of my reinstatement request, I would like the following factors to be known and taken into consideration:

- I have received financial management counseling.
- I have received counseling, therapy or other treatment for alcohol addiction or substance abuse.
- I have recently gambled at, and/or been removed from the exclusion list for, other casinos.
- I am currently on, and have not requested to be removed from, the exclusion list at one or more casinos.
- My financial condition has improved since the original date of the exclusion request.

3. I understand that the San Manuel Casino has no obligation to readmit me for the purpose of gambling; if the request for reinstatement is denied I understand that I may appeal with the San Manuel Tribal Gaming Commission, and I will have 30 days from the date of the Denial for Reinstatement Letter in order to do so.

- Initials I acknowledge and understand that declining to provide any of the information above may adversely affect my request.
- Initials I understand that submission of this request is **not** a guarantee that it will be approved.
- Initials I hold harmless and agree to indemnify the San Manuel Band of Mission Indians, the San Manuel Casino, and any of its partners, subsidiaries or instrumentalities for any liability related to this request. Specifically, I, for myself, my heirs, executors, administrators, successors and assigns, hereby release and forever discharge the above listed parties and their members, employees, officers and Directors from any and all claims in law or equity that I now have, or may have in the future, against all of any of the released parties arising out of, or by reason of, the actions, including gambling losses, that may occur upon my return to the San Manuel Casino.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REINSTATEMENT REQUEST IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Print Signature Date

"Notification on the decision of your request for reinstatement will be mailed to you; currently, the response time may vary depending on the number of requests in queue."