VOLUNTARY SELF-EXCLUSION REQUEST FORM

TYPE OR PRINT (IN INK) THE FOLLOWING INFORMATION:

Full Name (Print):		Date of Birth:	
Contact Phone #:		Aliases:	
Gender:		Club Serrano #:	
Mailing Address:			

Effective, Date I, Full Name – Print , do voluntarily request to enroll in the self-exclusion program at San Manuel Casino ("Casino") and any properties and/or websites under its control for a minimum period of (**check one**): ☐ a minimum of one year ☐ lifetime

1. I am making this request for the following reason(s) (**check all that apply**):

☐ I want to stop gambling

☐ I am experiencing financial difficulties

☐ I prefer not to say

☐ My gambling is adversely affecting my health, relationships or employment

☐ Other, specify:

2. In consideration of my request to self-exclude:

Initials I agree not to enter the Casino, or any property under its control, or to visit any website under its control, at any time for any purpose for the duration of my exclusion period.

Initials I understand that this exclusion request is indefinite, with a minimum and irrevocable period, that I must request to be reinstated once the minimum period has passed, that reinstatement request determinations shall be at the sole discretion of the San Manuel Gaming Commission, the San Manuel Compliance Department, or entities under their authority, and that there is no guarantee that the request will be granted.

Initials I understand that violating the ban during my self-exclusion period will result in a complete forfeiture of winnings and immediate ejection from the casino or website, and that I may further be subject to arrest and prosecution for trespassing.

Initials I understand that I will not be eligible for any promotional offerings, or to claim any winnings, prizes, points, rewards and/or gifts from the Casino or club Serrano (including play online and affiliated promotional sites) while I am excluded. I also understand that it may take up to 6 weeks to be removed from the marketing and mailing lists.

See club card rules for additional information on restrictions and expiration periods.

Initials I understand that I will not be eligible for any issuance of credit, check cashing or other financial services from the Casino. However, I understand and acknowledge that this self-exclusion request does not relieve me of any outstanding credit and/or markers owed to the Casino. If I have outstanding credit and/or markers owed to the Casino, these liabilities are due and payable under the terms of the credit agreement.

If you have questions regarding repayment, please contact the Casino credit management department.

Initials I understand that I am subject to the terms contained in this form until such time that I am expressly notified, in writing, by the Casino that my privileges have been reinstated.

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, and for any liabilities related to my violation of 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.

Mail completed form to **Guest Services,**
777 San Manuel Blvd. Highland, CA 92346. Telephone: (909) 864-5050.

Initials

VOLUNTARY SELF-EXCLUSION REQUEST FORM

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

Full Name: (Print) Date of Birth:

Signature: Date:

FOR EMPLOYEE USE ONLY

Received By: (Print) (Signature) (Date)

Physical Description of the guest:

Height: Weight: Eyes: Hair:

Distinguishing marks (tattoos, scars, etc.):

Vehicle information (optional):

Make: Model: Color: License Plate:

Checklist:

- ☐ We discussed irrevocability, minimum term and reinstatement
- ☐ We discussed penalties for violating exclusion
- ☐ We discussed problem gambling help services, including 1-800-GAMBLER
- ☐ Received a copy of photo identification (optional)
- ☐ Received/took a clear photograph

FOR OFFICE USE WHEN APPLICATIONS ARE RECEIVED BY MAIL/FAX

Initials I called the excluded guest **from a blocked phone number** and verified their identity by asking personally identifying information such as **date of birth,** and (when available) **Club Serrano number** and the **last date they gambled**.

Initials During the same phone call, I received verbal confirmation from the excluded guest that he/she is the person who submitted this form.

SAN MANUEL EMPLOYEE:

Full Name: (Print)

Signature: Date:

DPS Report #_____ Date/Time:_____

Issuing Officer: _____ Instance: _____

Exclusion Period:	Sergeant Approval (Include File #)	Watch Commander: (Include File #)
☐ Approved ☐ Denied		
☐ Adjusted to:_____	SMC OGM Approval (as applicable) (Include File #)	

VOLUNTARY SELF-EXCLUSION REQUEST FORM

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, _____
(Insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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.

Signature _____ (Seal)