

REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM ALL GAMING FACILITIES AND ENTITIES LICENSED, PERMITTED OR REGISTERED BY THE NEW YORK STATE GAMING COMMISSION

THIS FORM IS TO BE COMPLETED BY THE PERSON WHO REQUESTS TO BE EXCLUDED FROM GAMING FACILITIES, INCLUDING CASINOS, HORSE RACING, OFF-TRACK BETTING, VIDEO LOTTERY GAMING AND INTERACTIVE FANTASY SPORTS ACTIVITIES IN NEW YORK STATE PURSUANT TO SECTIONS 4044.2, 4123.2, 4411.2 AND 5117.6 AND PART 5326 OF TITLE 9 OF THE OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK AND NEW YORK RACING, PARI-MUTUEL WAGERING AND BREEDING LAW SECTION 1404(1)(d).

By submitting this completed voluntary self-exclusion form you agree to be excluded from all of the following properties, including non-gaming activities at such properties and you will be prohibited from on- and off-track pari-mutuel wagering, internet and account wagering and participating in interactive fantasy sports in New York State.

Horse Racing

Yonkers Raceway
 Monticello Raceway
 Aqueduct Racetrack
 Belmont Park
 Tioga Downs
 Saratoga Race Course
 Saratoga Casino Hotel Racetrack (Saratoga Harness)
 Vernon Downs
 Buffalo Raceway
 Batavia Downs
 Finger Lakes Racetrack

Off-Track Betting

Capital Off-Track Betting
 Catskill Off-Track Betting/ InterBets
 Nassau Regional Off-Track Betting Corp.
 Suffolk Regional Off-Track Betting Corp.
 Western OTB

Video Lottery Gaming

Saratoga Casino Hotel
 Vernon Downs Casino, Hotel & Entertainment
 Finger Lakes Gaming and Racetrack
 Monticello Casino Raceway
 Batavia Downs Gaming
 Hamburg Gaming Buffalo Raceway at the Fairgrounds
 Resorts World Casino New York City
 Empire City Casino at Yonkers Raceway
 Jake's 58 Casino & Hotel (Islandia, NY)

Commercial Casino

Tioga Downs Casino & Racing
 del Lago Resort & Casino
 Rivers Casino & Resort Schenectady
 Montreign Resort Casino

Interactive (including Daily) Fantasy Sports

For help with a Gambling Problem Call: 1-877-8HOPE-NY | Text: HOPENY (467369)

DO NOT WRITE BELOW THIS SPACE – FACILITY USE ONLY

REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM ALL GAMING FACILITIES AND ENTITIES LICENSED, PERMITTED OR REGISTERED BY THE NEW YORK STATE GAMING COMMISSION

PLEASE PRINT:

Name: _____
Last First Middle

Do you use any other name or names? Yes _____ No _____

If Yes: List additional name(s) below (include maiden name, aliases, nicknames or any other names):

Home Address:

Number & Street Apt. No.

City State Zip Code

Preferred Telephone Number: _____
Area Code Number

Social Security Number or other number taken from a Government-Issued identification:

(Required to enforce self-exclusion)

Date of Birth: ____/____/____ Height: ____ Feet ____ Inches Weight: ____ lbs.
MM DD YY

Gender: ____ Male ____ Female	Hair Color: ____ Black ____ Brown ____ Blonde ____ Red ____ Gray ____ White ____ Bald ____ Other	Eye Color: ____ Black ____ Brown ____ Hazel ____ Blue ____ Gray ____ Green ____ Other	Race: ____ White ____ Black ____ American Indian ____ Asian or Pacific Islander ____ Hispanic ____ Other
--	---	---	---

Other Distinguishing Physical Characteristics: _____

MINIMUM SELF-EXCLUSION PERIOD

Exclusion will be enforced for the period selected below, with **no exceptions**. You will remain on the self-exclusion list until you complete the entire exclusion period, regardless of any change in personal circumstances. **Select the period of time you are requesting to be excluded from all casino gaming, video lottery gaming, horse racing and OTB properties, interactive fantasy sports (including daily fantasy sports) and non-gaming activities of such entities and properties in New York State:**

____ One year ____ Three years ____ Five years ____ Lifetime

You may request to extend your term of voluntary self-exclusion in the future to cover other forms of wagering regulated by the New York State Gaming Commission not listed here that may be developed. Additional information on how to voluntarily self-exclude from these other forms of wagering will be made available to you, upon request.

For help with a Gambling Problem Call: 1-877-8HOPE-NY | Text: HOPENY (467369)

DO NOT WRITE BELOW THIS SPACE – FACILITY USE ONLY

**REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM ALL GAMING FACILITIES AND ENTITIES
LICENSED, PERMITTED OR REGISTERED BY THE NEW YORK STATE GAMING COMMISSION**

WAIVER AND RELEASE

I understand that by submitting this request, it shall not create any cause of action, right of action, claim, or other right whatsoever in favor of any person against the State of New York, the New York State Gaming Commission, any of the entities and properties listed in this request or any of the representatives or employees of any of the foregoing entities. I hereby release and forever discharge the State of New York, the New York State Gaming Commission, and the entities and properties listed in this request, and the representatives and employees of such entities and properties, from any liability to me and my heirs, administrators, executors and assignees for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for voluntary self-exclusion or any subsequent request for removal from the self-exclusion list, including (1) processing or enforcement of this request or any subsequent request, (2) the failure of any listed property to withhold gaming privileges from me or to restore gaming privileges to me, (3) permitting or not permitting me to engage in gaming activity while I am on the list of self-excluded persons and (4) disclosure of information about me to any person who or group that is not affiliated with the New York State Gaming Commission, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I certify that the information that I have provided above and in connection with this request is true and accurate. I am aware that my signature below authorizes the facilities listed above to authorize my exclusion from such properties until the expiration of the exclusionary period I have requested. I understand that if I am found within any of the properties listed above after having been voluntarily excluded, I will be subject to arrest for criminal trespass. Further, I authorize the facilities listed above as well as the New York State Gaming Commission to send a copy of my request and all identifying information to each of the entities and properties listed in this request.

I am voluntarily requesting that I be excluded from all casino gaming; video lottery gaming; horse race wagering, including wagers placed at track-side and through Off Track Betting (OTB) facilities; pari-mutuel wagering activities; and interactive fantasy sports contests conducted in New York State. I have read, understand and agree to the Waiver and Release included with this request. I am aware that my signature authorizes the entities and properties listed above to restrict my casino gaming, video lottery gaming, horse racing and pari-mutuel activities and interactive fantasy sports activities for the duration of the exclusion period I selected and until such time as my name has been removed from the self-exclusion list. I authorize a copy of this request for self-exclusion to be sent to the New York State Gaming Commission and to all of the entities and properties listed in this request that are located in New York State.

I am aware and agree that during my period of self-exclusion, if I engage in gaming activity at or with any of the entities or properties listed in this request, I may not collect any winnings or recover any losses resulting from the gaming activity. I understand further that any money or thing of value obtained by me from or owed to me by any of the entities or properties listed in this request as a result of wagers made by me while on the self-exclusion list shall be forfeited.

I understand that if I am found at any of the properties listed in this request while my name is on the self-exclusion list, I may be subject to arrest and prosecution under all applicable laws, including trespass pursuant to N.Y. Penal Law Section 140.05.

I fully and completely understand all provisions of this agreement and request and sign it voluntarily, freely and knowingly.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

For help with a Gambling Problem Call: 1-877-8HOPE-NY | Text: HOPENY (467369)

DO NOT WRITE BELOW THIS SPACE – FACILITY USE ONLY

**REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM ALL GAMING FACILITIES AND ENTITIES
LICENSED, PERMITTED OR REGISTERED BY THE NEW YORK STATE GAMING COMMISSION**

PHOTO IDENTIFICATION

All requests must include a photo. Photos must be at least 2 x 2 inches and no larger than 4 x 6 inches. Photos must be recent (taken within 6 months) and display your full face from the neck up. Tinted glasses, hats and headwear are not permitted. If this self-exclusion request is being completed at any of the properties listed on Page 1, the photograph must be taken by a member of that property's security department.

PLEASE ATTACH PHOTO IN THE SPACE PROVIDED BELOW.

If this request is submitted by mail, it must be notarized below by a duly authorized Notary Public.

STATE OF NEW YORK

COUNTY OF _____

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public

DO NOT WRITE BELOW THIS SPACE – FACILITY USE ONLY

TYPE OF IDENTIFICATION OFFERED: _____

I certify that I accepted this request for voluntary self-exclusion from all gaming activities listed above. I certify that I have requested government issued identification and that the information and signature above appear to agree with that contained on the identification, and the physical description and the photograph of the person on the identification appear to agree with his or her actual appearance except as specifically provided below.

Name of Property Intake Employee: _____

NYS Gaming/Racing License Number: _____

Noted difference(s) between identification and actual appearance of individual requesting self-exclusion

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS SPACE – FACILITY USE ONLY