



Applicant Initials: _____

For ESTGC Office Use Only:

Received: _____

Application for Eastern Shawnee Voluntary Exclusion Program for Problem Gamblers (also known as the List of Exclusions)

Instructions - Read carefully

- Read the entire form before responding to the questions.
- Print in blue or black ink the answers to all questions.
- Present a valid driver's license or government-issued identification card.

Important Notice

By signing and submitting this application, you are agreeing to refrain from visiting all casinos owned or operated by the Eastern Shawnee Tribe of Oklahoma for the **rest of your life**. The Eastern Shawnee Tribal Gaming Commission and the casinos will protect and maintain the confidentiality of your placement on the List. However, because information regarding your application must be released to certain authorized persons of facilities, neither the Commission nor management from the casinos, their employees or surveillance can guarantee the confidentiality of the information.

The Eastern Shawnee Tribal Gaming Commission recommends you seek treatment for your gambling problem. **Free treatment is available for both problem gamblers and their family.** To obtain the most recent information about treatment services, discuss your gambling problem with someone, or if you have had thoughts of suicide, please call 1-800-522-4700. The number is staffed 365 days per year, 24 hours per day.

Application Details

A. App. Date: _____ App. Time: _____ Location: _____

B. Are you sober and in an informed condition? Yes No ~ If yes, complete the rest of the applicable Sections ~

C. Interpreter Present? Yes No ~ If yes, complete the reason for interpreter and Section 8 ~
Reason: Language Barrier Visual Impairment Dyslexic Illiterate Hearing Impaired

D. Is anyone other than the Applicant, Agent and Interpreter present? Yes No ~ Name(s): _____
~ If yes, complete the Supplemental Form and attach to this application. ~

Section 1: Personal Information

1 Full legal name of individual requesting voluntary exclusion:

First: _____

Middle: _____

Last: _____

Suffix: Jr. Sr. II III IV

3 Gender: Male Female

4 Date of Birth: ____/____/____
MM DD YYYY

5 Social Security #: _____ - _____ - _____
- or -

International ID#: _____

2 Other names/alias/nicknames used:

6 Physical Description:

Height: ____' ____" Weight (lbs): _____

Hair Auburn Bald Black Strawberry
Color: Brown Gray Blonde Salt Pepper
 Sandy Red White Other

Eye Green Blue Gray
Color: Hazel Brown Other

First Name	Middle	Last Name

First Name	Middle	Last Name



Section 1: Personal Information – Continued

7 Ethnic Origin:

- Middle Eastern, Pacific Islander, Hispanic, Asian, American Indian, Caucasian, East Indian, African-American, Alaskan Native, African

8 National Origin: _____

Country of Citizenship: _____

9 E-Mail Address:

10 Residential Address: _____

County of Residence

Street Apt / PO Box

City State Postal Code

Country / Province

11 Telephone Number(s):

Primary Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

12 Does your job require you to enter an Eastern Shawnee casino floor in performance of your job duties?

- Yes No

If yes, please provide the following information:

Employer: _____

Job Title: _____

Gaming License #: _____

Location(s) at which access is/may be needed:

13 Gambling activities with which I have the most problems:

- Slots, Poker, Blackjack, Bingo, Horse Races, Other: _____

14 How did you learn about the Voluntary Exclusion Program? ~Please check all that apply~

- Brochure/Literature, Gaming Commission, Signs/Info at the Casino, Casino Employee, Family Member, Mental Health Provider, Co-Worker/Friend, Web site, Helpline, Other: _____, Billboard/radio/television advertisement

15 What are your main reasons for deciding to voluntarily exclude yourself from Eastern Shawnee casinos?

- To gain control, Need help, Hit rock bottom, Advice of others, Prevent suicide, Save job, Save marriage, Referred by helpline, Referred by a Counselor, Referred by casino employee, To support friend/loved one, Other: _____

16 Copy of Driver's License or ID of Applicant:

Copy of Driver's License or Other form of ID

17 Attach a Current Photo of Applicant:

Photo



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Section 2: Verification Information

- A. Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form? Yes No
~If yes, Section 8 must be completed.~
- B. Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision? Yes No
~If yes, terminate the interview.~
- C. Are you completing this application of your own free will? ~If no, terminate the interview.~ Yes No
- D. Have you read the application and do you understand its contents? Yes No
- E. Do you understand that by asking to be placed on the list of excluded persons that you are acknowledging that you are a problem gambler and that you are unable to gamble responsibly? Yes No
- F. Do you understand the Eastern Shawnee Tribal Gaming Commission recommends you seek treatment for your gambling problem? Yes No
- G. Do you understand that if you are placed on the List of Exclusions, it will be your responsibility to stay out of all Eastern Shawnee casinos? Yes No
- H. Do you understand that, according to the terms of this application, it is not the responsibility of the Commission to stop you from entering an Eastern Shawnee casino? Yes No
- I. Do you understand that, according to the terms of this application, it is YOUR responsibility to stop yourself from entering an Eastern Shawnee casino? Yes No
- J. Do you understand that, if you complete this application, the consequence of your being discovered in an Eastern Shawnee casino is that you will be arrested for trespassing? Yes No
- K. Do you understand that, if you complete this application you will not be eligible to win a gambling game and therefore will be denied winnings you may attempt to claim while visiting a casino? Yes No
- L. Do you understand that by completing the application, you are authorizing the Eastern Shawnee Tribal Gaming Commission to release the contents of your application – including your name and social security number – to all Eastern Shawnee casino operators and their employees, surveillance and Tribal Police? ~This information can be used only to enforce the rules of the Commission. No one else may access the information in your application including your family members, employer, or prospective employer.~ Yes No
- M. Do you understand that releasing the information in this application to the Eastern Shawnee casino operators may result in your being denied service at other facilities within the casino complex? (For example, if the tribe operates a hotel, restaurant or other amenity within the casino complex, that operator may choose to deny you service in all areas of the complex). Yes No
- N. Do you understand that releasing the information in this application to the Eastern Shawnee casino operators may result in your being denied service at affiliated casinos in other jurisdictions? (For example, if an operator owns or manages a casino in another location, that operator may choose to deny you service in all its locations). Yes No
- O. Do you understand that you may receive mailings from Eastern Shawnee casinos for several weeks after completing this application? (Casinos generally print these mailings several weeks prior to distribution. However, your name will be removed from the mailing list following notification of your placement on the List and you will not be included in future printings.) Yes No
- P. Do you understand that you may receive a letter from the Commission informing you they have received notification of your placement on the List? This letter may include the date after which you should no longer receive mailings from their property and/or a notice of trespass. Yes No
- Q. Do you understand that you may be contacted by the Eastern Shawnee Tribal Gaming Commission (or its agents) to evaluate problem gambling programs, including the Voluntary Exclusion Program? Yes No
- R. Do you understand that by completing this application, you are requesting to be placed on the List of Exclusions and that such placement is for life and only the Gaming Commission has the authority to remove you from the List? Yes No
- S. Is it clear to you that you are agreeing to stay out of all casinos owned or operated by the Eastern Shawnee Tribe for the rest of your life and the consequence of you violating this agreement is that you will be arrested for trespassing and you will forfeit any winnings in your possession at the time of your arrest? Yes No
- T. Do you have any questions that gaming agent has not answered to your satisfaction regarding the terms of the application before you that prevent you from making a sober and informed decision whether or not to execute the application? Yes No



Section 3: Gambling Responsibility Statement

I acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly.

Section 4: Waiver and Release

I wish to be placed on the Eastern Shawnee Tribal Gaming Commission's ("Commission") List of Exclusions and have filed with the Commission this Application for Placement on the List of Exclusions. By filing such Application, I understand that I am a problem gambler and that I am assuming the responsibility of refraining from visiting all casinos owned or operated by the Eastern Shawnee Tribe. Furthermore, I understand that if I visit a casino after completing this application and I am discovered on the premises of casino, that management of such premises may eject me. **I also understand that my presence in a casino constitutes trespassing and management will request that I be arrested for such. Moreover, I understand that by filing an application for placement on the List of Self Exclusions and by signing this Waiver/Release, I agree that I am not eligible to place a legal wager in a casino owned or operated by the Eastern Shawnee Tribe and that I will be denied the winnings based on any wager that I might place in a casino.**

I authorize management from the casino or employees to deny me access to any casino owned and operated by the Eastern Shawnee Tribe. By signing this release and acknowledging receipt of good and valid consideration therefore, I hereby release, remise, and forever discharge the Tribe of Eastern Shawnees, the commission, its members, agents and employees and any management from the casino or employees from any and all manners of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned and the undersign's heirs, successors, administrators, executors, and assigns ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing, enforcing or other action or omission relating to this Application including but not limited to, the release of the contents of my Application to management from the casino and such licensee's agents or employees or any financial loss, physical injury or emotional distress or any breach of confidentiality that may occur as a result. I further understand that signing this application may result in me being denied service at other gaming establishments owned or operated by the Eastern Shawnee Tribe.

I understand that the Casino, in conjunction with my placement on the List of Self Exclusions, will submit a plan for Commission approval for removing my name from all mailing lists which may generate marketing offers being sent specifically to me and to deny me credit (if applicable), and casino club memberships. I will notify the Commission and any respective licensee of any errant mailing or marketing offer I might receive.

I have read this Waiver/Release and understand all its terms. I execute it voluntarily and with full knowledge of its consequences and significance.

Section 5: Authorization and Request to Release Information

- By placing myself on the List of Exclusions, I authorize and request the Eastern Shawnee Tribal Gaming Commission to release all contents of my application to all casino operators and their employees, agents and affiliated companies in other locations; and I hereby designate, constitute and appoint the Commission and any agent of the Commission as my agent and true and lawful attorney-in-fact in my name, place, stead and on my behalf and for my use and benefit to release all contents of my application to all casino operators and their employees and agents.
- I grant to the Commission and any agent of the Commission, as my attorney-in-fact, full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers granted by the terms of this Authorization and Request to Release Information, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s) shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
- I understand that after I file this application, including this waiver and release that allows the Commission to inform licensed casinos owned or operated by the Eastern Shawnee Tribe that I am a problem gambler, some casinos may choose to deny me service at their facilities in other locations.
- I accept any risk of adverse public notice, embarrassment, criticism or other action or any financial loss, which may directly or indirectly result from the release of information authorized in this Authorization and Request to Release Information.

I have read Section 3: Gambling Responsibility Statement, Section 4: Waiver and Release and Section 5: Authorization and Request to Release Information and understand all its terms. I execute it voluntarily and with full knowledge of its consequences and significance.

Signature of Applicant for Voluntary Exclusion

Date

