

**Self-Restriction Request**

CGCC-CH7-04 (New 05/20)

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State of California  
 California Gambling Control Commission  
 2399 Gateway Oaks Drive, Suite 220  
 Sacramento, CA 95833-4231  
 (916) 263-0700; Fax: (916) 263-0452  
[www.cgcc.ca.gov](http://www.cgcc.ca.gov)

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the requestor.

RESTRICTION FOR \_\_\_\_\_ (Name of cardroom or participating gambling facility)

Disclaimer: This request only pertains to the above gambling establishment and does not apply statewide.

**SECTION 1: PERSONAL INFORMATION**

FULL NAME: LAST		FIRST	MIDDLE
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES			
RESIDENCE (STREET, CITY, STATE, ZIP CODE)			
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)			
PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	EMAIL ADDRESS	
GAMES MOST OFTEN PLAYED			

**SECTION 2: RESTRICTION REQUEST**

Initial Requested Term:	<input type="checkbox"/> ONE YEAR	<input type="checkbox"/> LIFETIME
<input type="checkbox"/> Restrict me from any <b>MARKETING</b> or <b>PROMOTIONAL</b> information <input type="checkbox"/> Restrict me from this <b>GAME</b> or <b>GAMING ACTIVITY</b> _____ <input type="checkbox"/> Restrict me from any <b>CHECK-CASHING</b> privileges; or, limit as follows: _____ <input type="checkbox"/> Restrict me from any <b>CREDIT</b> ; or, limit as follows: _____		
TOTAL RESTRICTION (restrict me from all of the above)		

**SECTION 3: PHOTO AND VISUAL DESCRIPTION**

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		STATE	EXPIRATION DATE (MM/DD/YYYY)
<b>AFFIX A RECENT          PASSPORT QUALITY          PHOTOGRAPH          HERE SHOWING          HEAD AND          SHOULDERS OF          PERSON TO BE          EXCLUDED</b>	DATE OF BIRTH	RACE/ETHNICITY	GENDER
	DISTINGUISHING MARKS (SUCH AS VISIBLE SCARS OR TATTOOS – DESCRIBE MARK & LOCATION)		
MAKE AND MODEL OF VEHICLE NORMALLY DRIVEN		LICENSE PLATE	

I understand English or have had an interpreter read and explain this form to me in \_\_\_\_\_  
(Language)

I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or gaming services in the State of California remains mine alone.

I voluntarily seek to restrict myself as indicated in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-restriction. Disclosure may also occur, if needed, for the conduct of an official investigation; or, if ordered by a court of competent jurisdiction.

I will not seek to hold the cardroom business licensee or participating gambling facility liable in any way should I enter the Gambling Establishment or participating gambling facility or use any of the services or privileges therein despite this restriction request; and, I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the cardroom business licensee, participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this restriction (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-restriction request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my restriction, to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-restriction requested herein.

**If I Choose Total Restriction**

\_\_\_\_\_  
(INITIAL HERE) I agree that I will not attempt to enter or use any of the services or privileges of the indicated Gambling Establishment or participating gambling facility during the period checked in Section 2.

\_\_\_\_\_  
(INITIAL HERE) I acknowledge and understand that should I attempt to enter the indicated Gambling Establishment or participating gambling facility or use the services of the cardroom business licensee or participating gambling facility during the term of restriction, once identified, I will be escorted from the Gambling Establishment or participating gambling facility.

\_\_\_\_\_  
(INITIAL HERE) I agree that any unredeemed jackpots or prizes I may have accrued will be forfeited and remitted by the cardroom business licensee or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem Gambling.

\_\_\_\_\_  
(INITIAL HERE) This self-restriction request is **irrevocable** during the time period checked in Section 2

**SECTION 4: DECLARATION**

I declare that all information submitted on or with this self-restriction form is true, correct, and complete.

PRINTED NAME SIGNATURE DATE (MM/DD/YYYY)

NOTARIZATION		OR	WITNESS BY KEY EMPLOYEE	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, _____, _____, _____, _____.			As a Key Employee of _____, I affirm that on _____ day of _____, 20____, _____, _____.	
By _____, _____ <input type="checkbox"/> Personally known to me.      OR <input type="checkbox"/> Proved to me on the basis of satisfactory evidence to be the person who appeared before me.			I witnessed _____ (individual's name) complete this form and that this person is: <input type="checkbox"/> Personally known to me.      OR <input type="checkbox"/> Proved to me on the basis of satisfactory evidence to be the person who appeared before me.	
NOTARY PUBLIC SEAL:  Signature of Notary Public _____  My Commission expires on: _____			Signature of Key Employee _____  Printed Name _____	