

Self-Exclusion Request

CGCC-CH7-05 (New 05/20)

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BUREAU USE ONLY

BGC ID# _____



MAIL COMPLETED FORM TO:
 BUREAU OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-1700

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.

Disclaimer: This request applies to all gambling establishments licensed by the California Gambling Control Commission

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: EXCLUSION REQUEST

Initial Requested Term: ONE YEAR LIFETIME

SECTION 3: PHOTO AND VISUAL DESCRIPTION

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER		STATE	EXPIRATION DATE (MM/DD/YYYY)
AFFIX A RECENT PASSPORT QUALITY PHOTOGRAPH HERE SHOWING HEAD AND SHOULDERS OF PERSON TO BE EXCLUDED	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)

SECTION 4: DECLARATION

I voluntarily seek to exclude myself as specified in Section 2 of this form.

(INITIAL HERE)

I agree that I will not attempt to enter or use any of the services or privileges of a California Gambling Establishment or participating gambling facility during the period specified in Section 2.

(INITIAL HERE)

I acknowledge and understand that should I attempt to enter any Gambling Establishment or participating gambling facility or use the services of any cardroom business licensee or participating gambling facility during the Term of Exclusion, 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)

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

(INITIAL HERE)

I understand that disclosure of certain information is necessary to effect my request for self-exclusion.

(INITIAL HERE)

I understand that my information will be added to a statewide exclusion database. Disclosure may also occur, if needed, for the conduct of an official investigation; or, if ordered by a court of competent jurisdiction.

(INITIAL HERE)

I understand that this self-exclusion request is irrevocable during the time period checked. Removal from a lifetime request will require the submission of a Self-Exclusion Removal Request form CGCC-CH7-06 (New 05/20).

(INITIAL HERE)

I will not seek to hold the cardroom business licensee or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility or use any of the services or privileges therein despite this exclusion 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 or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (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-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, 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-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion 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

As a Key Employee of _____, I affirm that on

(name of gambling establishment or participating facility)

_____, 20_____, day of _____, 20_____.

By _____,

I witnessed _____
(individual's name)

Personally known to me. OR Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

complete this form and that this person is:
 Personally known to me. OR Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

NOTARY PUBLIC SEAL:

Signature of Notary Public _____

Signature of Key Employee _____

My Commission expires on:

Printed Name _____