



REQUEST FOR ENROLLMENT IN THE VOLUNTARY EXCLUSION PROGRAM (VEP)

State Form 51803 (R3 / 8-21)
INDIANA GAMING COMMISSION

Summary of Rules for the Voluntary Exclusion Program

Pursuant to 68 IAC 6-3-1 and 68 IAC 27-1-2(16)(B), the following rules and restrictions apply to every person who enrolls in the Voluntary Exclusion Program (VEP).

The term "Indiana casino" includes all Indiana riverboats, all Indiana land-based casino properties, the French Lick casino, and the casinos located at horseracing facilities in Shelbyville and Anderson. The Indiana casinos are regulated by the Indiana Gaming Commission ("IGC"). VEP participants are restricted from patronizing the gaming floor at the casinos. The Four Winds casino property located in South Bend, IN, is owned and operated by the Pokagon Band of Potawatomi Indians, a sovereign federally recognized tribe, and regulated by the Pokagon Band Gaming Commission. While the Four Winds South Bend casino is not regulated by the IGC, VEP participants are also restricted from patronizing the gaming floor at that facility pursuant to a compact between The Pokagon Band of Potawatomi Indians and the State of Indiana.

Sports Wagering is defined as wagering conducted on athletic and sporting events involving human competitors and other events approved by the IGC. Mobile sports wagering is defined as sports wagering conducted through computers or mobile or interactive devices and accepted in the state of Indiana through an online sports wagering system approved by the IGC. A VEP participant is defined as a prohibited participant in Sport Wagering which restricts them from participating in sports wagering activities at the casino sportsbooks, on mobile websites and at the off track betting facilities in Clarksville, Indianapolis and New Haven.

VEP Enrollment:

- A person may sign up for the VEP at the IGC office in Indianapolis, any Indiana casino location or with an approved problem gambling treatment provider.
- A person may select the length of exclusion: one (1) year, five (5) years, or lifetime.
 - **NOTE:** If the person selects one (1) year or five (5) years, the exclusion will not end unless and until the person requests removal after the term of exclusion expires.
- The Indiana casinos, the Four Winds South Bend casino and sports wagering operators may elect to evict voluntarily excluded persons from their properties.
- The companies that operate Indiana casinos, the Four Winds South Bend casino and conduct sports wagering may decide to evict or deny service to a voluntarily excluded person at any of their other facilities anywhere in the world, which may include casinos and/or non-gaming facilities, including Las Vegas and/or Atlantic City.
- A voluntarily excluded person who is an employee of an Indiana casino is permitted to enter the gaming area to perform the duties of his/her employment.
- A voluntarily excluded person must notify the IGC prior to starting a job at a casino.
- A voluntarily excluded person must sign a waiver and release discharging the IGC from liability.

Participation in the VEP:

- If a person signs up for the VEP, the person's name will appear on a confidential list of voluntarily excluded persons. The list will be distributed to all Indiana casinos and the Four Winds South

Bend casino, for the sole purpose of helping the voluntarily excluded person fulfill the terms of the VEP.

- By signing up for the VEP, a voluntarily excluded person agrees not to enter Indiana casinos, the Four Winds South Bend casino or participate in sports wagering.
- It is the responsibility of the voluntarily excluded person to stay away from gaming areas of the casinos and to refrain from participating in sports wagering gaming activities. It is not the responsibility of the IGC, the Indiana casinos, the Four Winds South Bend casino or the sports wagering operator to keep the person away.
- If found in the gaming area of an Indiana casino, a voluntarily excluded person will be asked to leave and could be subject to arrest for trespassing.
- A voluntarily excluded person volunteers to forfeit any money or thing of value that he/she obtains from or is owed to him/her by the casino if he/she is found in the gaming area of an Indiana casino.
- A voluntarily excluded person does not have check cashing or credit privileges at Indiana casinos or the Four Winds South Bend casino.
- All Indiana casinos, the Four Winds South Bend casino and sports wagering operators must stop all direct marketing efforts to a voluntarily excluded person.
- Following enrollment into the VEP, a patron will be allowed to withdraw the full monetary amount remaining in their sports wagering account, provided that the sports wagering operator acknowledges that the funds have been cleared.
- All sports wagering operators shall cancel wagers made by prohibited sports wagering participants and refund the amount wagered.
- Assets in sports wagering accounts at the time of enrollment may be collected pursuant to the policies of each sports wagering operator.

Removal from the VEP:

- A person enrolled for a one (1) or five (5) year period is not automatically removed from the VEP. In order to be removed from the VEP, the person must complete and submit a Request for Removal form. The form may be completed in person at any Indiana casino location, at the IGC office in Indianapolis or by US Mail.

The information above has been read to me, I have been provided a copy of the VEP rules, and I understand the VEP process

Signature of person requesting exclusion

Signature of IGC Designee

I. Statement of Intent

With my enrollment in the Voluntary Exclusion Program (“VEP”), I state that:

- (1) I am voluntarily committing to refrain from entering the gaming areas of all Indiana casinos, the Four Winds South Bend casino and from participating in sports wagering activities for the period of time specified in this request for statewide voluntary exclusion.
- (2) I alone am responsible for ensuring that I honor my commitment.
- (3) Neither Indiana casinos and the Four Winds South Bend casino nor the Indiana Gaming Commission (IGC) have a duty to ensure, or attempt to ensure, that I honor my commitment.
- (4) If I sign up for a one (1) or five (5) year term, I must make a written request for removal at the end of my term or I will remain in the VEP. If I sign up for a lifetime term, I will never be able to request removal from the VEP.

Signature of individual requesting voluntary exclusion

Date (day, month, year)

Application

Instructions

- Read the entire form, the summary of VEP rules (attached), and the VEP rules (attached) 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 Notices

By signing and submitting this request, you are volunteering to refrain from entering the gaming areas of Indiana casinos, the Four Winds South Bend casino and from participating in sports wagering for at least the time period that you specify in Section 1, Question 16 below. The IGC, Indiana casinos and Four Winds South Bend casino will comply with all rules protecting the confidentiality of your enrollment in the VEP. However, the IGC must release information regarding the VEP to all Indiana casinos and the Four Winds South Bend casino so that the IGC, the casinos and the sports wagering operators can help you fulfill your commitment to refrain from gambling; accordingly, the IGC cannot guarantee the confidentiality of the information once it's been given to the Indiana casinos and the Four Winds South Bend casino. All actions outlined in this request that either the IGC, an Indiana casino, the Four Winds South Bend casino or a sports wagering operator may take are incentives that you are asking the IGC, the Indiana casinos, the Four Winds South Bend casino and sports wagering operators to use to help you fulfill your commitment to refrain from gambling, and are not a guarantee that any party, including the IGC, can physically prevent you from going to Indiana casinos, the Four Winds South Bend casino, or from participating in sports wagering activities.

Section 1: Personal Information

Full legal name of person requesting voluntary exclusion (First name, middle initial, last name):

Alias / nicknames / other names used:

- 1.
- 2.

Residential address (street or P.O. box)

City	State	ZIP code	County of residence
E-mail address		Telephone number ()	
Last four (4) digits of Social Security Number	Date of birth (month, date, year)	Driver's license number or State Identification number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Height	Weight	Hair color	Eye color
Contact lenses <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____		
National origin	Passport number	Alien Registration Number	Country of citizenship
Complexion <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	Noticeable physical characteristics (birthmarks, scars, tattoos, etcetera)		
I hereby request enrollment in the VEP for a minimum of: <input type="checkbox"/> One (1) year <input type="checkbox"/> Five (5) years <input type="checkbox"/> Life		I was referred by: <input type="checkbox"/> Casino employee <input type="checkbox"/> Signs at the casino <input type="checkbox"/> Family member <input type="checkbox"/> Mental health provider <input type="checkbox"/> Billboard/radio/television advertisement	

Section 2: Waiver and Release

I release and forever discharge the state, the IGC, and its employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for enrollment in the VEP or any future request for removal from the VEP, including the following: (A) administration or enforcement of the VEP; (B) the failure of an Indiana casino, the Four Winds South Bend casino or sports wagering operator to withhold direct marketing, check cashing, or extension of credit to me; (C) disclosure of information contained in this form, except for willfully unlawful disclosure of such information to unauthorized persons; or (D) the dissemination of confidential information contained in this form by unauthorized persons.

Signature of individual requesting voluntary exclusion	Date (month, date, year)	Time _____:_____.M.
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Section 3: Authorization and Request to Release Information

- I understand that after I file this request, the IGC will inform all Indiana casinos and the Four Winds South Bend casino that I have voluntarily excluded myself for the stated period of time. The Indiana casinos will subsequently notify sports wagering operators of your prohibited participant status.
- I understand that once an Indiana casino, the Four Winds South Bend casino or sports wagering operator receives notice that I have excluded myself, it may, after notifying me, evict me from their property and deny me entry and/or service at its commonly owned facilities anywhere in the world. This may include non-gaming areas and amenities. Each casino will make its decision to deny or not deny service on its own and without interference from the IGC.
- I accept any risk of adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of the information authorized in this Authorization and Request to Release Information.
- I request that the IGC release all personal information provided on this form that is necessary for Indiana casinos and the Four Winds South Bend casino to enforce my voluntary exclusion.

Signature of individual requesting voluntary exclusion	Date (month, day, year)
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Certification of Witness:

I certify that I personally witnessed _____ sign his / her name this _____ day of _____ 20____, that the person requesting voluntary exclusion appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and that the signature, physical description and identity of the person requesting voluntary exclusion match the person's photograph and credentials, photocopies of which are attached to this Request.

Signature of IGC designee and badge number, if applicable	Printed name of IGC designee and badge number, if applicable	Date (month, day, year)	Time
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Section 4: Verifications

1. Are you in need of a language interpreter in order to understand this program and the questions contained on this form?

Yes No

(If yes, section six must be completed.)

Waive Interpreter: _____
Initials

2. 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

3. Are you completing this request form of your own free will? Yes No

4. Have you read this form and do you understand everything in it? Yes No

5. Do you have any confusion or questions about this form or the VEP that the IGC has not answered to your satisfaction?
 Yes No

6. Do you volunteer to not enter any Indiana casinos, the Four Winds South Bend casino or participate in sports wagering until you have successfully obtained removal from the VEP after your term of exclusion ends? Yes No

7. Do you understand that the VEP applies not only to the casino where you signed up, but all Indiana casinos including the French Lick casino and the casinos at Indiana horse racing tracks and the Four Winds South Bend casino? Yes No

8. Do you understand that the VEP applies to sports wagering activities at the Indiana casino sportsbooks, the off track betting facilities in Clarksville, Indianapolis and New Haven, and all mobile sports wagering applications and websites approved by the IGC? Yes No

9. Do you volunteer to forfeit any money or thing of value that you win at a casino or are owed by an Indiana casino, if you are found in the gaming area of the casino while you are in the VEP? Yes No

10. Do you volunteer to be ineligible to win a gambling game or recover any losses and understand that you will not be paid if you attempt to claim any winnings or recover any losses at an Indiana casino? Yes No

11. Do you volunteer to be removed from the casino if you are found in the gaming area of an Indiana casino or the Four Winds South Bend casino at any time while you are in the VEP? Yes No

12. Do you authorize the IGC to release the contents of this request to all Indiana casinos, the Four Winds South Bend casino, sports wagering operators and their agents for the purpose of enforcing the VEP? Yes No

13. Do you agree that releasing the information in this request to the agents and affiliates of all Indiana casinos, the Four Winds South Bend casino and sports wagering operators may cause any casino licensee or sports wagering operator to deny you service at its commonly owned facilities anywhere in the world, including non-gaming areas and amenities? Yes No

14. Do you agree that you are requesting to be placed in the VEP for a minimum of one (1) year, five (5) years, or life?
 Yes No

15. **(If term is one (1) or five (5) years)** Do you agree that you may extend, but not reduce, your exclusion term? Yes No

16. **(If term is one (1) or five (5) years)** Do you agree that you must make a written request for removal at the end of your exclusion term, or else you will remain in the VEP? Yes No

17. Do you agree to provide the IGC with updated information regarding any information provided in this request, including name and address changes? Yes No

18. Do you agree to notify the IGC if any Indiana casino or sports wagering operator sends promotional mailings to you at any time while you are in the VEP? Yes No

19. Are you required to enter an Indiana casino to perform your job duties? Yes No

If yes, please provide the following information:

Employer	Job Title	Indiana Occupational License Number if applicable
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Writing your initials in the box below acknowledges that you have reviewed your responses and have checked the appropriate boxes.

Section 5: Request Acknowledgment

I have completed and am signing this Request for Voluntary Exclusion under my own free will and in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication. I am voluntarily requesting exclusion from the gaming areas at all Indiana casinos, the Four Winds South bend casino and from participating in sports wagering activities. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included in this request for enrollment in the VEP.

I am aware and agree that, while I am in the VEP, I shall not collect any winnings or recover any losses resulting from any gaming activity at all Indiana casinos. I acknowledge that, while I am in the VEP, I will forfeit any money or thing of value that I win at a casino or is owed to me by a casino, including but not limited to: chips, tokens, prizes, jackpots, non-complimentary pay vouchers, cash, cash equivalents, electronic credits, and vouchers representing electronic credits. I acknowledge that my losses and winnings from gaming activity while I am in the VEP, even if forfeited, are subject to state and federal income tax laws. I acknowledge that, while I am in the VEP, I may be subject to criminal action for trespass if I enter the gaming area of an Indiana casino.

Signature of individual requesting voluntary exclusion

Date (month, day, year)

Section 6: Interpreter Information (if necessary)

Note for persons requesting voluntary exclusion using an interpreter: The person making this request required the assistance of an interpreter in order to complete this request form. The name, address, phone number, last four (4) digits of Social Security number, and date of birth of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the IGC employee or designated agent and that the person requesting voluntary exclusion has indicated that he/she understands the documents included in the request form and has signed the documents in a sober and informed condition with full knowledge of the responsibilities and consequences of being placed on the VEP.

Full legal name of interpreter (First name, middle initial, last name):

Street address (street or P.O. box)

City

State

ZIP code

Home Telephone number
()

Work Telephone number
()

Last four (4) digits of Social Security Number

Date of birth (month, day, year)

Language spoken by interpreter

AFFIRMATION

I, _____, through my signature below affirm, attest and acknowledge that I have served as an interpreter for _____ to assist him / her in completing a Request for Enrollment in the VEP. I affirm and attest that I have completely and accurately communicated all instructions from the IGC employee or designated agent verifying this Request. The person requesting voluntary exclusion has informed me that he / she understands the documents I have assisted in explaining and has signed them in a sober and informed condition and knows and understands all of the responsibilities associated with being placed on the VEP and asks the IGC to place him / her on the VEP.

Signature of interpreter

Date (month, date, year)