



REQUEST FOR ENROLLMENT IN THE VOLUNTARY EXCLUSION PROGRAM (VEP)

State Form 51803 (R / 7-14)
INDIANA GAMING COMMISSION

Summary of Rules for the Voluntary Exclusion Program

Pursuant to 68 IAC 6-3-1 and the enrollee's Request for Statewide Voluntary Exclusion, the following rules and restrictions apply to every person who enrolls in the Voluntary Exclusion Program (VEP). The term "casino" includes all ten Indiana riverboats, the French Lick casino, and the casinos located at horseracing facilities in Shelbyville and Anderson.

VEP Enrollment:

- A person may sign up for the VEP at the Indiana Gaming Commission ("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 casinos may elect to evict voluntarily excluded persons from their properties.
- The companies that run Indiana casinos 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, 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.
- It is the responsibility of the voluntarily excluded person to stay away from gaming areas of the casinos and not the responsibility of the IGC or the casino 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.
- All Indiana casinos must stop all direct marketing efforts to a voluntarily excluded person.

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 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 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

II. 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.
- A map of casinos that the VEP applies to is attached. Updated information is available at www.in.gov/igc.

Important Notices

By signing and submitting this request, you are volunteering to refrain from entering the gaming areas of Indiana casinos for at least the time period that you specify in Section 1, Question 16 below. The IGC and Indiana casinos 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 so that the IGC and the casinos 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. All actions outlined in this request that either the IGC or an Indiana casino may take are incentives that you are asking the IGC and Indiana casinos 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.

Section 1: Personal Information

1 Full legal name of person requesting voluntary exclusion:

First name Middle Initial Last name

2 Alias/nicknames/other names used:

First name Middle Initial Last name

3 Residential address:

Street or P.O. Box

City State ZIP

County of Residence

4 E-mail addresses:

5 Telephone Number: (____) _____ - _____

6 Last four (4) digits of Social Security number _____

7 Date of birth ____/____/____

8 Driver's license number or State identification number:

Number Issuing State

9 Sex Male Female

10 Physical description

Height _____ Weight _____

Hair color _____ Eye color _____

11 Contact lenses Yes No

12 Ethnicity

Caucasian/White African-American/Black

Hispanic Native American

Multiracial Asian/Pacific Islander

Other _____

13 National origin _____

Passport number _____

Alien Registration number _____

Country of citizenship _____

14 Complexion

Light Medium Dark

15 Noticeable physical characteristics

(birthmarks, scars, tattoos, etc.)

16 I hereby request enrollment in the VEP for a minimum of:

One (1) year Five (5) years Life

17 I was referred by:

Casino employee Signs at the casino

Family member Mental health provider

Billboard/radio/television advertisement

Other _____

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 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 ____/____/____ Time ____:____. M.

Section 3: Authorization and Request to Release Information

- I understand that after I file this request, the IGC will inform all Indiana casinos that I have voluntarily excluded myself for the stated period of time.
- I understand that once an Indiana casino 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 licensee 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 to enforce my voluntary exclusion.

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

Time

Signature of individual requesting voluntary exclusion Date ____/____/____

THE REMAINDER OF THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY.

Section 4: Verifications

- 18 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

- 19 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
- 20 Are you completing this request form of your own free will? Yes No
- 21 Have you read this form and do you understand everything in it? Yes No
- 22 Do you have any confusion or questions about this form or the VEP that the IGC has not answered to your satisfaction? Yes No
- 23 Do you volunteer to not enter any Indiana casinos until you have successfully obtained removal from the VEP after your term of exclusion ends? Yes No
- 24 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? Yes No
- 25 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
- 26 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
- 27 Do you volunteer to be removed from the casino if you are found in the gaming area of an Indiana casino at any time while you are in the VEP? Yes No
- 28 Do you authorize the IGC to release the contents of this request to all Indiana casinos and their agents for the purpose of enforcing the VEP? Yes No

- 29 Do you agree that releasing the information in this request to the agents and affiliates of all Indiana casinos may cause any casino licensee to deny you service at its commonly owned facilities anywhere in the world, including non-gaming areas and amenities? Yes No
- 30 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
- 31 (If term is one (1) or five (5) years) Do you agree that you may extend, but not reduce, your exclusion term? Yes No
- 32 (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
- 33 Do you agree to provide the IGC with updated information regarding any information provided in this request, including name and address changes? Yes No
- 34 Do you agree to notify the IGC if any Indiana casino sends promotional mailings to you at any time while you are in the VEP? Yes No
- 35 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 you have one)

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. 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

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 name of interpreter _____

Street address _____

City, State, and ZIP _____

Home telephone (____) _____ - _____

Work telephone (____) _____ - _____

Last four (4) digits of Social Security Number _____

Date of birth ____/____/____

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