



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: PO Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / TOLL-FREE: 1-800-345-2529
WEBSITE: wsgc.wa.gov

SELF-EXCLUSION ENROLLMENT FORM

INSTRUCTIONS

- ❖ Only the person who is enrolling in the voluntary self-exclusion program may sign and submit this form.
- ❖ All fields must be completed. Incomplete forms will be rejected.
- ❖ Clearly print all information.
- ❖ Please read the entire application form carefully.
- ❖ Submit a completed application, photograph of head and shoulders, copy of state driver's license / state ID with photo or passport with photo, and present proof of identity:
 - In-person at any House-Banked Card Room or WSGC (Lacey address)
 - Mail application, copy of state driver's license / state ID with photo or passport with photo, and current photograph of head and shoulders to WSGC (PO Box) that is signed by a:
 - Notary or
 - Certified Gambling Counselor
- ❖ Acceptable forms of proof of identity:
 - Valid state driver's license with photo,
 - Valid government ID containing person's name, photo, and DOB, or
 - Valid passport

A PERSONAL INFORMATION			
NAME: Last	First	Middle	
ALIASES			
ADDRESS: Street or Route	City	State or Country	Zip Code
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
HOME / CELL PHONE ()	ALTERNATIVE PHONE 1 ()	ALTERNATIVE PHONE 2 ()	
Email Addresses (up to 3)	EMAIL	EMAIL	
DOL # and state of Issuance OR Passport #			

B PERIOD OF ENROLLMENT
Select the period of enrollment for self-exclusion. Once enrolled, you cannot be removed from the program prior to the selected period of enrollment. The enrollment period begins and you are considered enrolled when a completed form is either: <ul style="list-style-type: none">• Accepted by a house-banked card room or by the WSGC in person or• Received by mail. <p><input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years</p>

C PHOTO	D COPY OF IDENTITY WITH PHOTO
<p style="text-align: center;">AFFIX A RECENT PASSPORT QUALITY PHOTOGRAPH HERE SHOWING HEAD AND SHOULDERS OF PERSON TO BE EXCLUDED</p>	<p style="text-align: center;">AFFIX COPY OF STATE DRIVERS LICENSE / STATE ID WITH PHOTO OR PASSPORT WITH PHOTO</p>

E PARTICIPANT ACCEPTANCE	
<p>Please carefully read each statement below and initial that you understand and agree with the statement.</p>	
Initial	
	<p>1. I understand that by enrolling I am prohibited from entering the premises of all house-banked card game licensees and any participating tribal gaming facilities, which may change, during the enrollment period.</p>
	<p>2. I understand my enrollment is irrevocable for the initial enrollment time period I selected and cannot be altered or rescinded for any reason.</p>
	<p>3. I understand I will continue to remain on the self-exclusion list after my initial enrollment time period has expired unless I complete the required form to remove myself.</p>
	<p>4. I understand it is ultimately my responsibility to exclude myself from all house-banked card rooms and participating tribal gaming facilities in Washington.</p>
	<p>5. I understand I will be prohibited from using all services and/or amenities associated with house-banked card rooms and participating tribal gaming facilities including, but not limited to, restaurants, bars, bowling alleys, check cashing services, and cash advances.</p>
	<p>6. I understand that all player club memberships and accounts held at house-banked card rooms and participating tribal gaming facilities will be closed and all rewards and points earned will be zeroed out.</p>
	<p>7. I understand I will be denied access to direct mail and marketing service, new player club memberships, complimentary services or items, check cashing privileges, player rewards programs, and other similar benefits.</p>
	<p>8. I understand disclosure of certain information regarding my self-exclusion is necessary to accommodate my request.</p>
	<p>9. I understand I may be refused entry and/or escorted from the premises of a house-banked card room or participating tribal gaming facility for any reason other than to carry out my employment duties.</p>
	<p>10. I understand all money and things of value (gaming chips) obtained or owed to me as a result of prohibited gambling or the purchase of gaming chips and/or participating in any authorized gambling activity will be confiscated and donated to a problem gambling organization, as outlined in RCW 9.46.071 and WAC 230-23-030.</p>
	<p>11. I understand that I may not collect any winnings or recover any losses from the purchase of chips and/or participating in authorized gambling activity.</p>

E ACKNOWLEDGEMENT

By submitting this form, I am requesting to be placed in the Voluntary Self-Exclusion Program. The signature on this form and the attached photo hereto, belong to me.

I knowingly and voluntarily enroll in this program of my own free will and am not under the undue influence of any person or substance.

I understand that it is my responsibility to comply with the Voluntary Self-Exclusion Program after I am enrolled.

I certify that the information I have provided is true and accurate. By signing this form, I am stating that I understand my responsibilities and accept the conditions of the Voluntary Self-Exclusion Program.

SIGNATURE	PRINT NAME	DATE
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F RELEASE

I understand that by participating in the self-exclusion program I do not have a cause of action against Washington state, the Commission, or any gambling establishment, its employees, or officers for any acts or omissions in processing or enforcing the requirements of the self-exclusion program, including a failure to prevent an individual from gambling at an authorized gambling establishment. RCW 9.46.071(1)(e).

I hereby release, indemnify, hold harmless and forever discharge Washington state and the Washington State Gambling Commission, and its employees and agents, from any claims, damages, loses, expenses, or liability to me and my heirs, administrators, executors, and assigns for any harm, monetary, or otherwise, which may arise out of, by reason of, or related to, my self-exclusion and for any act or omission relating this request for self-exclusion. This includes, but is not limited to, a house-banked card game licensee's or any tribe's or any other Washington state gambling activities' (1) failure to withhold gambling privileges from, or restore gambling privileges to me, or (2) permitting or not permitting me to engage in gambling activity while I am on the list of self-excluded persons.

By signing below, I acknowledge that I understand the implications of my decision and request that I be placed on the Self-Exclusion list for the initial enrollment period I selected.

SIGNATURE	PRINT NAME	DATE
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G APPLICATION ACCEPTANCE

IN PERSON: Completed by HBCR representative or WSGC staff person.

HBCR EMPLOYEE INFORMATION		or	WSGC EMPLOYEE INFORMATION	
LOCATION (HBCR Name)			LOCATION (WSGC Office)	
SIGNATURE			SIGNATURE	
PRINT NAME			PRINT NAME	
WSGC LICENSE #			JOB TITLE	
DATE			DATE	

G APPLICATION ACCEPTANCE

Type of Photo ID Reviewed:
 DOL – State: _____ Passport – Country: _____
 Gov't ID –
Type of ID: _____

MAIL IN: Present proof of identification and have notarized or signed by Certified Gambling Counselor

<p>Subscribed and sworn to (or affirmed) before me this _____ day of, _____ 20____, by _____</p> <p><input type="checkbox"/> Personally known to me.</p> <p>or</p> <p><input type="checkbox"/> Proved to me on the basis of satisfactory evidence to be the person who appeared before me.</p>	<p>NOTARY PUBLIC SEAL</p> <p>Signature of Notary Public:</p> <p>My Commission expires on:</p>
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Certified Gambling Counselor SIGNATURE:	PRINT NAME:
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DOH Credential #:	DATE:
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