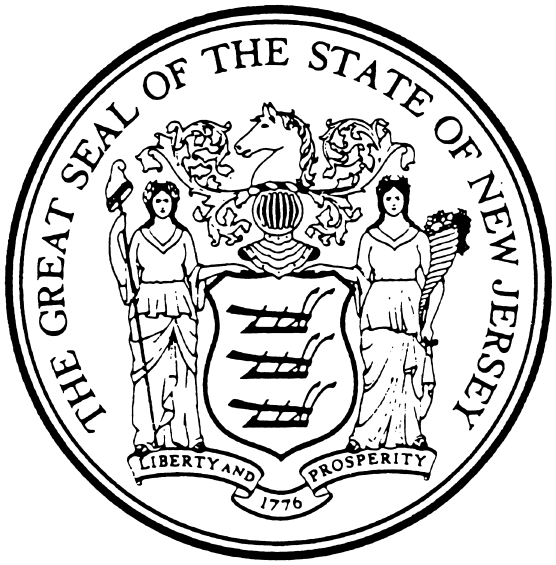
State of New Jersey

Division of Gaming Enforcement



REQUEST FOR VOLUNTARY SELF-EXCLUSION

- **ATLANTIC CITY CASINO FACILITIES**
  Including INTERNET GAMING ACTIVITIES; *or*

- **INTERNET GAMING ONLY**

NOTE: ONLY ONE REQUEST FOR SELF-EXCLUSION FORM IS REQUIRED TO SELF-EXCLUDE FROM ALL NEW JERSEY CASINOS INTERNET GAMING SITES. If duplicates are submitted, the Division will accept the longest self-exclusion period.

Request for Voluntary Self-Exclusion

Please read these Instructions and the Request for Voluntary Self-Exclusion Request Form including the Waiver and Release and Acknowledgment carefully. By signing and submitting the Request Form, you are agreeing to be excluded from either:

- **Atlantic City Casino Facilities including Internet Gaming Activities; *or***
- **Internet Gaming Only**

(***NOTE:*** Self-Exclusion for Internet Gaming can also be made directly through your *online player account*)

This means you cannot gamble, receive or use complimentary goods or services, be a member of a slot or players' club, receive credit from any casino, cash checks at a casino, or collect winnings or recover losses. Also, the casinos and Internet gaming license permit holders are to remove your name from their direct marketing lists.

INSTRUCTIONS

I. COMPLETING THIS FORM (NOTE: Self-Exclusion for Internet Gaming can also be made directly through your online player account):

A. You may submit an application **IN PERSON** at one of the following locations Monday through Friday:

New Jersey Division of Gaming Enforcement
Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401
(609) 441-3846
8:30 a.m. to 3:00 p.m.

New Jersey Division of Gaming Enforcement
140 E. Front Street
Trenton, NJ 08625
(609) 777-2279
8:30 a.m. to 3:00 p.m.

You may also submit an application by visiting one of the following New Jersey Racing Commission Offices during normal business hours (call to verify when open).

Meadowlands Racetrack
50 Route 120
East Rutherford, New Jersey 07073
(201) 460-4065

Monmouth Park
175 Oceanport Avenue
Oceanport, New Jersey 07757
(732) 222-7700

Freehold Raceway
Route 9 & Business Route 33
Freehold, New Jersey 07728
(732) 462-9495

New Jersey Racing Commission
140 E. Front Street
Trenton, New Jersey 08625
(609) 292-0613

B. At the time you submit your Request Form, you must present identification that contains your signature **and** a photograph or physical description, such as a driver's license, passport, or military identification card. Your photograph will be taken by Division of Gaming Enforcement (Division) personnel.

C. Your photograph and identifying information will be distributed to all New Jersey casino licensees and/or Internet gaming permit holders. The information contained in your Request Form, the Atlantic City Casino Gambling Self-Exclusion List and the Internet Gaming Self-Exclusion List maintained by the Division is not open to public inspection and every effort will be made to maintain its confidentiality. However, the Division, the casinos and the Internet gaming license permit holders are not liable for any disclosures of any information, other than a willfully unlawful disclosure. Certain limited disclosures by the casinos and Internet gaming license permit holders are permitted. For example, the casinos and Internet gaming license permit holders may inform certain of their agents, including cash advance services and junket representatives that you are on the Self-Exclusion List and the Internet Gaming Self-Exclusion List for the purposes of denying you gaming-related services. Also, the casinos and Internet gaming license permit holders are permitted, by law, to disclose to affiliate gaming entities in this state or other jurisdictions that you are on the Self-Exclusion List for the limited purpose of the proper administration of responsible gaming programs administered by the affiliated gaming entities.

D. **You should be aware that casino companies might enact responsible gaming programs that are stricter than New Jersey's Self-Exclusion program for both land-based and Internet gaming.** By way of example certain Atlantic City casinos may enact a Responsible Gaming Program in which persons signing up for state self-exclusion lists are banned from the casino's properties worldwide for the length of their state self-exclusion terms. Such ban could include its gaming, hotel and entertainment venues. **ACCORDINGLY, YOU SHOULD BE AWARE THAT A CASINO MAY, AS A CONSEQUENCE OF YOUR SIGNING UP FOR INTERNET SELF-EXCLUSION, BAN YOU FROM ALL OF ITS LAND BASED PROPERTIES AND FORFEIT ANY REWARDS POINTS YOU MAY HAVE EARNED.** The terms and existence of any such responsible gaming program could change, and the Division is not responsible for keeping you informed of such changes.

E. In accordance with Section 7 of the Privacy Act, 5 *U.S.C.* 552a, disclosure of your social security number to the Division is voluntary. Failure to disclose your social security number is not grounds for denial of your request for self-exclusion. However, a delay may occur in notification to Internet gaming sites for an applicant who has not supplied a social security number or a failure to supply your social security number may compromise the effectiveness of self-exclusion procedures implemented by Internet gaming sites. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A.* 5:12-1, *et seq*. Your social security number will be disclosed to the casinos for their use in identifying you as a self-excluded person in order to deny you credit, check cashing and similar privileges, and for forfeiture purposes.

F. You must choose one of the three following options in connection with the length of time your name **must** remain on the Self-Exclusion List: one year, five years or lifetime. If you choose the one year option, or the five years option, you cannot

request the removal of your name from the Self-Exclusion List or Internet Gaming Self -Exclusion List until one year or five years, respectively, have elapsed from the date you submitted your Request Form. Additionally, your name will continue to remain on the Self-Exclusion List until you request its removal. If you choose the lifetime exclusion option, your name **cannot** be removed from the Self-Exclusion List or Internet Gaming Self -Exclusion List. A request for the removal of your name from the Self-Exclusion List or Internet Gaming Self -Exclusion List **must** be done in person at the Division Offices (only).

G. **It is your responsibility to refrain from gaming activities**. The Division, the casinos and the Internet gaming license permit holders, are not liable for any acts or omissions in processing or enforcing your request for self- exclusion, including the failure to withhold your gaming privileges. However, if you are caught gambling at a casino or on an Internet gaming site, you will be subject to forfeiture of any winnings, including any chips, tokens, or electronic gaming device credits in your possession, and you will be escorted from the gaming floor or removed from the Internet gaming site. The Division and the casinos also are not liable for any acts or omissions in processing or enforcing any later request by you to be removed from the Atlantic City Casino Facilities and Internet Gaming Self-Exclusion List (s).

H. For the complete rules governing the Atlantic City Casino Facilities and Internet Gaming Self-Exclusion program, see the Casino Control Act at *N.J.S.A.* 5:12-71.2 and 71.3, as well as the regulations set forth at *N.J.A.C.* 13:69G-2.1 through 2.5. Copies of these rules are available upon request from Division personnel and are also available on the Division's website at www.njdge.org. Rules may be changed without prior notice to Self-Exclusion program participants.

REQUEST FOR VOLUNTARY SELF-EXCLUSION

- **Atlantic City Casino Facilities including Internet Gaming Activities; *or***
- **Internet Gaming Only**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

LAST NAME (and Jr./Sr., if any) | FIRST NAME | MIDDLE

DATE OF BIRTH (Month, Day, Year) | Height | Weight | SOCIAL SECURITY NUMBER (1)

Home Telephone Number with Area Code | Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code | E-Mail Address

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code)

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

PASSPORT ISSUER, (IF NOT U.S.) | PASSPORT #

Have you been known by any other name(s)? ☐ Yes ☐ No

If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

PLEASE CHECK APPROPRIATE SPACE

HAIR COLOR:	EYE COLOR:	SEX:	RACE: (2)	OTHER: Distinguishing Physical Characteristics:
☐ (BK) Black	☐ (BK) Black	☐ (M) Male	☐ (C) Caucasian	
☐ (BR) Brown	☐ (BR) Brown	☐ (F) Female	☐ (B) Black	
☐ (BD) Blond	☐ (HZ) Hazel		☐ (H) Hispanic	
☐ (RD) Red	☐ (BL) Blue		☐ (A) Asian	
☐ (GY) Gray	☐ (GY) Gray		☐ (N) Native American	
☐ (WH) White	☐ (GR) Green		☐ (O) Other	
☐ (BA) Bald				
☐ (O) Other				

☐ **Atlantic City Casino Facilities including Internet Gaming Activities:**

OR

☐ **Internet Gaming Only:**

Minimum Self-Exclusion Period: ☐ *One Year* ☐ *Five Years* ☐ *Lifetime*

[1]In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is voluntary. See Section I, E., under Important Notices on Page 2 of this application. Failure to disclose your social security number is not grounds for denial of your request for self-exclusion. However, a delay may occur in notification to Internet gaming sites for an applicant who has not supplied a social security number or a failure to supply your social security number may compromise the effectiveness of self-exclusion procedures implemented by Internet gaming sites. . [1] Your response is optional.

WAIVER AND RELEASE

I hereby release and forever discharge the State of New Jersey, the Division of Gaming Enforcement and its employees and agents, and all New Jersey casino licensees, simulcasting facilities and their employees and agents and all Internet gaming licensed permit holders from any liability to me and my heirs, administrators, executors, and assigns, for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this Request for Self-Exclusion from Atlantic City Casino Facilities and Internet Gaming activities, or my request for removal from the Self-Exclusion List(s) for Atlantic City Casino Facilities and Internet Gaming activities including: 1) its processing or enforcement; 2) the failure of a New Jersey casino licensee and Internet gaming licensed permit holder to withhold gaming privileges from, or to restore gaming privileges to me; 3) permitting me to engage in gaming activity in a licensed casino, simulcasting facility or on sites of Internet gaming license permit holders while on the list of self-excluded persons; and 4) disclosure of the information contained in the self-exclusion request or list, except for a willfully-unlawful disclosure of such information.

APPLICANT SHALL SIGN ONLY ONE OF THE FOLLOWING ACKNOWLEDGEMENTS

ACKNOWLEDGMENT FOR SELF EXCLUSION FOR *ATLANTIC CITY CASINO FACILITIES* (INCLUDING INTERNET GAMING ACTIVITIES)

I am voluntarily requesting exclusion from all gaming activities offered by New Jersey licensed casinos and simulcasting facilities. 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 with this request for self-exclusion. I am aware that my signature below authorizes the Division of Gaming Enforcement to direct all New Jersey casino licensees to restrict my gaming activities in accordance with this request and, unless I have requested to be excluded for life, until such time as the Division removes my name from the self-exclusion list in response to my written request to terminate my voluntary self-exclusion. I am aware and agree that during any period of self-exclusion any money or thing of value seized from me, or owed to me by, a casino licensee shall be subject to forfeiture.

Applicant's Signature: _____ Date: _____
(If applying for ***Atlantic City Casino Facilities*** Self-Exclusion, including Internet Gaming Activities)

ACKNOWLEDGMENT FOR *INTERNET* SELF EXCLUSION

I am voluntarily requesting exclusion from all New Jersey Internet gaming activities. I certify that the information I have provided is true and accurate, and that I have read and understand and agree to the waiver and release included with this request for Internet self-exclusion. I am aware that my digital signature authorizes the Division of Gaming Enforcement to direct all New Jersey casino licensees to restrict my Internet gaming in accordance with this request and until such time as the Division removes my name from the Internet self-exclusion list in response to my request to terminate my voluntary Internet self-exclusion. I am aware and agree that during any period of Internet self-exclusion any money or thing of value seized from me, or owed to me by, a casino licensee shall be subject to forfeiture.

I acknowledge the fact that casino companies might enact responsible gaming programs that are stricter than New Jersey's Self-Exclusion program for Internet gaming. By way of example, a casino may enact a more restrictive responsible gaming program in which persons signing up for state self-exclusion lists are banned from all of their casino properties worldwide for the length of the state self-exclusion terms. Any request for online exclusion COULD, at the sole discretion of the casino, also apply to land-based casinos and gambling facilities. By initiating this online exclusion, I agree not to gamble at any online casino offered by a New Jersey casino licensee or its partners or affiliates. I understand that individual casinos have the right to change their responsible gaming programs to exclude me from their land-based casinos even if I sign up only for the State's online gaming self exclusion list. I understand the Division is not responsible for keeping me informed of any changes.

Applicant's Signature: _____ Date: _____
(If applying for ***Internet*** Self-Exclusion)

NOTE: ONLY ONE REQUEST FOR SELF-EXCLUSION FORM IS REQUIRED TO SELF-EXCLUDE FROM ALL NEW JERSEY CASINOS INTERNET GAMING SITES. If duplicates are submitted, the Division will accept the longest self-exclusion period.

DO NOT WRITE BELOW – FOR DIVISION PERSONNEL ONLY

TYPE OF ID OFFERED: _____

STATE EMPLOYEE(S):_____ **DATE:**_____

(Signature)

_____ **DATE:**_____

(Signature)

FORWARDED TO:

CASINO LICENSEES_____ **DATE:**_____

(Signature)

INTERNET GAMING

PERMIT HOLDERS_____ **DATE:**_____

(Signature)

SELF-EXCLUSION PROGRAM CHECKLIST

_____Did you read and understand the Instructions and Request for Voluntary Self-Exclusion from Atlantic City Casino Facilities and/or Internet Gaming Activities (Request Form)? Do you have any questions concerning the Instructions or Request Form?

_____Do you understand that by signing the Request Form, you are authorizing all New Jersey-licensed casinos, simulcasting facilities and/or Internet gaming licensed permit holders to exclude you from all gaming activities? Do you understand that New Jersey-licensed casinos, simulcasting facilities and Internet gaming licensed permit holders can share this information with their appropriate agents, including other New Jersey-licensed casinos, affiliated gaming entities and Internet gaming licensed permit holders in other jurisdictions, for responsible gaming purposes? Do you understand that the responsible gaming programs of New Jersey-licensed casinos, simulcasting facilities and Internet gaming licensed permit holders might be more strict that New Jersey's voluntary self-exclusion program, possibly resulting in you being excluded from all areas of a casino company's gaming and non-gaming properties, in and outside of New Jersey, and for a period of time longer than your chosen self-exclusion term?

_____Do you understand that you have three options for your minimum self-exclusion period: one year, five years or lifetime? Do you understand that if you choose the one year or five years exclusion period, you will remain on the Self-Exclusion List(s) until the chosen minimum self-exclusion time period has elapsed? Do you understand that you must appear in person at one of the Division of Gaming Enforcement offices to terminate your voluntary self-exclusion only after the chosen minimum self-exclusion time period has elapsed? Do you understand that if you choose the lifetime option, you cannot, under any circumstances, be removed from the Self-Exclusion List(s)?

_____Do you understand that your photograph will be taken and distributed to all New Jersey-licensed casinos, simulcasting facilities and/or Internet gaming licensed permit holders as part of your request for self-exclusion?

_____Do you understand that if you gamble at a New Jersey-licensed casino, simulcast facility and/or on Internet gaming license permit holder sites during any period of self-exclusion, you cannot collect your winnings or recover your losses?

_____Do you understand that the State of New Jersey and the Division of Gaming Enforcement and their employees are not responsible for any act or failure to act relating to your self-exclusion?

_____Do you understand that it is your personal responsibility, and not the responsibility of the State of New Jersey, the Division of Gaming Enforcement, or any New Jersey-licensed casino, simulcasting facility or Internet gaming licensed permit holders, to stop you from entering a New Jersey-licensed casino or simulcasting facility or playing on sites of Internet gaming licensed permit holders?

_____Do you understand that these questions are not meant to be a complete explanation of the Self-Exclusion Program and that a copy of the statute and regulations is available to you?

_____Do you represent that you are not under duress or under the influence of any substance (e.g., alcohol, drugs or medication), and you do not have any condition that might impair your ability to understand the instructions and Request Form and this supplemental form?

_____Do you have any questions about your request for self-exclusion?

I acknowledge that a representative of the Division of Gaming Enforcement reviewed the above questions with me.

Applicant's Signature:_____ Date:_____

State Representative:_____ Date:_____