



### One-Year Self-Exclusion

**File #** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Name** \_\_\_\_\_ **PC Card #** \_\_\_\_\_  
**Street** \_\_\_\_\_  
**City/Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Vehicle Reg. #** \_\_\_\_\_ **State** \_\_\_\_\_ **Make** \_\_\_\_\_  
**Model** \_\_\_\_\_ **Color** \_\_\_\_\_

*Please initial lines below:*

I hereby request that I be banned from Twin River and refused entrance to the facility for one (1) year from the date above. \_\_\_\_\_

I hereby acknowledge that this Self-Exclusion is being provided to me by Twin River as a social service. It is not a contract and Twin River is not obligated to take any action as a result of my signing of this form. I specifically acknowledge I have not paid Twin River any monies, I have not provided any services to Twin River, nor have I made any promises to Twin River in exchange for Twin River's willingness to provide this Self Exclusion to me. \_\_\_\_\_

I further acknowledge this Self-Exclusion will deny me access to Twin River. Entering the facilities of Twin River in violation of this Self-Exclusion may result in a permanent ejection of me as an Undesirable Person. I further understand that failure to comply with this Self Exclusion may result in my arrest for trespass. \_\_\_\_\_

(Employees of Twin River may enter the facility only during a scheduled work shift or in relation to your employment with Twin River.) \_\_\_\_\_

I further acknowledge that Twin River and its directors, officers, employees, and agents will not accept any responsibility whatsoever in the event that I fail to comply with this Self-Exclusion. \_\_\_\_\_

I further hereby release, indemnify and forever discharge Twin River, its parent corporations, directors, officers, employees, agents and representatives ("Twin River Management Group") from any and all damages, claims, suits, actions, causes of action, liability, and/or demands, including but not limited monetary claims, which I may have or ever had against Twin River Group arising out of this Self-Exclusion. \_\_\_\_\_

I have been offered a contact with a hotline counselor to provide immediate assistance with any gambling problem I may have. I have accepted  or declined  this offer. \_\_\_\_\_

I acknowledge that I have read, understood, and accept the terms of this Self-Exclusion and have received a copy of this document. \_\_\_\_\_

**Requestor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Security Director/Officer** \_\_\_\_\_ **Date** \_\_\_\_\_