SELF EXCLUSION FORM

BGC 037 (Rev. 07/2013)

PLEASE SEND COMPLETED APPLICATION TO:
BUREAU OF GAMBLING CONTROL
P. O. Box 168024
Sacramento, CA 95816-8024
(916) 227-3584; Fax: (916) 227-2308

Print Form | Save Form | Reset Form

Type or print (in ink) all information requested on this form. If additional space is needed, please note response on a separate sheet of paper and attach to this completed form. You may hand this completed form in to any Cardroom or participating gambling facility, to the Bureau of Gambling Control, or the California Gambling Control Commission, or you may mail this completed form to: **BUREAU OF GAMBLING CONTROL, P. O. Box 168024, Sacramento, CA 95816-8024**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

Other Names (Former Name (such as Maiden name), Nickname, or Alias / A.K.A.):

Home Address:

Mailing Address (*if different than Home Address):*

Home Telephone Number:

Business Number:

Games most often played

SECTION 2: TERM OF EXCLUSION (*Irrevocable during the time period specified)*

Please Initial Appropriate Term: One Year _____ Five Years _____ Lifetime _____

SECTION 3: PHOTO, PHYSICAL DESCRIPTION, AND OTHER IDENTIFYING INFORMATION

Gender: ☐ Male ☐ Female

Date of Birth:

Race/Ethnicity:

Height:

Weight:

Hair Color/Type:

Eye Color:

AFIX A RECENT PASSPORT QUALITY PHOTOGRAPH HERE SHOWING HEAD AND SHOULDERS OF PERSON TO BE EXCLUDED

Date of Photograph:

CA Drivers License:

Distinguishing marks (such as visible scars or tattoos - describe mark & location):

Type of vehicle normally driven:

License Plate:

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SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____ (Language)

_____ (Initial Here) I voluntarily seek to exclude myself as specified in Section 2 of this form.

_____ (Initial Here) I agree that I will not attempt to enter and/or use any of the services or privileges of a California Gambling establishment or participating gambling facility during the period specified in Section 2.

_____ (Initial Here) I acknowledge and understand that should I attempt to enter a California gambling establishment or participating gambling facility or use the services of gambling establishment or participating gambling facility during the term of exclusion, one identified, I shall be escorted from the gambling establishment or participating gambling facility and any winnings or prizes I may have accrued or losses recovered with be confiscated and remitted by the gambling establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

_____ (Initial Here) I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or participating gambling facility to gaming services in the State of California remains mine alone.

_____ (Initial Here) This self-exclusion request is **irrevocable** during the time period checked in Section 2.

_____ (Initial Here) I understand that disclosure of certain information is necessary to effect my request for self-exclusion. I understand that my information will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the gambling establishment or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of all of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested therein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

Signature: _____

Print Name: _____ Date: _____

SECTION 5: NOTARIZATION or WITNESS BY KEY EMPLOYEE

Subscribed and sworn to (or affirmed) before me this

Date: _____

By: _____

☐ personally known to me ***OR***

☐ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public: _____

My Commission expires on:

As a Key Employe of: _____ (name of Establishment or participating facility)
affirm that on

Date: _____

I witnessed _____ (individual's name)

☐ personally known to me ***OR***

☐ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee_____

Printed Name _____