

CHOCTAW NATION GAMING COMMISSION SELF-EXCLUSION FORM

Please Print Clearly:

Full Name: _____ Date of Birth: _____

Alias/Nicknames: _____ Race: _____

Current Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone #: _____

Guest Description:

Height: _____ Weight: _____

Hair: _____ Eyes: _____

Sex: _____ Scars/Tattoos: _____

**Please submit a copy of your Driver's License/Government-issued photo I.D.

I, _____, acknowledge that I am a problem gambler. I am voluntarily requesting exclusion from the entire premises of all Choctaw Casinos, including, but not limited to: Gaming Premises, Restaurants, Hotels, The District and Concert Venues. I understand that my information should be removed from all mailing lists and my Rewards Club card will be canceled. I understand that no further points, rewards or benefits may be accumulated or redeemed from the player recognition programs in which I have participated.

I hereby request and authorize the Choctaw Nation Gaming Commission (CNGC) to place my name on the list of self-excluded Guests for a period of:

One (1) Year _____, Five (5) Years _____, Ten (10) Years _____. (Please check one)

I have reviewed and understand the following terms and restrictions of this Self-Exclusion Form and agree to all of them:

- If I have completed a self-exclusion form with the Oklahoma Association for Problem Gambling and Gaming (OAPGG), it will also be considered effective at all Choctaw Casinos.
- I will not attempt to enter and/or use any of the services or privileges of any Choctaw Casino for the length of time indicated above.
- I acknowledge and understand that, if I am identified while attempting to enter a Choctaw Casino or use the services of the facility, I shall be promptly escorted from the premises. My continued non-cooperation or attempt to breach my Self-Exclusion Form may result in being placed on the involuntary (Casino Trespass) exclusion list.
- I knowingly and willfully acknowledge that, by completing this Self-Exclusion Form, it is solely my own responsibility to refrain from entering any Choctaw Casino.
- **This Self-Exclusion Form request is irrevocable during the length of time indicated above. Once this paperwork is completed and submitted, the Self-Exclusion Form will be in effect for the entire time requested. The length or effectiveness of the Self-Exclusion Form is not negotiable and absolutely no exceptions will be made.**

- The CNGC will treat this Self-Exclusion Form request confidentially.
- I understand any identified self-excluded Guest engaging in gaming activity will forfeit any promotional items, tickets and/or chips in the amount of one hundred dollars (\$100) or more obtained as a result of a wager made within Choctaw Casinos. All promotional items forfeited will be awarded to an eligible casino Guest in a manner approved by CNGC. All other forfeiture amounts will be donated to a federally recognized non-profit organization.
- I understand that neither the Choctaw Nation of Oklahoma, Choctaw Casinos, CNGC nor any Associate thereof shall be liable to any self-excluded Guest or to any other party in any proceeding and neither the Tribe, casino personnel, nor the CNGC shall be deemed to have waived its sovereign immunity with respect to any Guest for any harm, monetary or otherwise, which may arise as a result of:
 1. The failure of casino personnel or CNGC to withhold or restore gaming privileges from or to a self-excluded Guest; or
 2. Otherwise permitting a self-excluded Guest to engage in gaming activity in a casino while on the list of self-excluded Guests.
- I understand that it may take up to sixty (60) days from the time I request to be self-excluded before my name will cycle out of any mailings I currently receive from Choctaw Casinos.
- I understand I am not permitted to utilize any offers I may receive from any Choctaw Casino after the executed date submitted on the Self-Exclusion Form.
- I will not seek to hold the Choctaw Nation of Oklahoma or CNGC liable in any way should I enter a Choctaw Casino and/or use any of the services or privileges therein despite this self-exclusion request, and I agree to indemnify the Choctaw Nation of Oklahoma for any liability relating to this request.

Executed at (City) _____, (State) _____ on this _____ day of
(Month): _____, (Year) _____

Guest Signature _____

For Notary Use Only

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____

Notary Public in the State of _____ for the County of _____

My Commission Expires: _____

Notary Public Signature _____ (Seal)

Mail or deliver completed form with picture attached to:
Choctaw Nation of Oklahoma Gaming Commission
P.O. Box 5229 | Durant, Oklahoma 74702-5229