

COLORADO GAMING ASSOCIATION

VOLUNTARY SELF-EXCLUSION APPLICATION AND WAIVER

Please print clearly:

Full Name:			SS #:		
Street Address:			Date of Birth:		
City:		State:		Zip Code:	
Home Phone:		Business Phone		Driver's License #/State	
Height:	Weight:	Hair:		Eyes:	Sex:
Any other names used (a.k.a.):					
Scars/Tattoos:				Race:	

I, _____, acknowledge that I am requesting and voluntarily seeking to exclude myself from all Colorado casinos. I hereby request and authorize the Colorado Gaming Association to place my name on the list of self-excluded persons subject to the terms and conditions below. This self-exclusion will be effective within ten (10) days of this request. I understand that no further points, rewards or benefits may be accumulated or redeemed from any Colorado casino player recognition programs I have participated in.

By my signature below, I hereby certify and agree as follows:

- I. The information I have given above is accurate, and I will notify the Colorado Gaming Association in writing of any changes.
- II. I request to be excluded from all gaming activities at all licensed casinos in the State of Colorado.
- III. I understand that the Colorado Gaming Association shall continue to honor my request for self-exclusion described above unless and until I request to rescind the voluntary self-exclusion. I agree that my request to rescind must be notarized in a form approved by the Colorado Gaming Association and that no reinstatement request will be considered earlier than 12 months after the effective date of this self-limitation request. I understand that the Colorado Gaming Association retains sole discretion in deciding whether or not to agree to my request for reinstatement.

- IV. I understand that the ultimate responsibility to refrain from gaming activities and to refrain from visiting casinos is mine alone and Colorado casinos, its parent companies, and any and all subsidiaries will not be responsible for the enforcement or non-enforcement of this agreement.
- V. Colorado casinos may share information about my request for exclusion with other affiliated out-of-state casinos and these affiliated casinos may also exclude me, but they are not required to do so.
- VI. I understand that after signing this form, if I am found to be on any of the casinos in Colorado that I may be evicted as a trespasser and that the Colorado casinos may assert any legal rights and claims against me as a trespasser.
- VII. I release the Colorado Gaming Association, all Colorado casinos, and any person associated in any way with either the Association or any casino from all liability that could arise from my exclusion from Colorado casinos, any betting activity that I undertake at a Colorado casino notwithstanding such exclusion, or any other act that I attempt or undertake in a licensed limited gaming establishment. If the Released Parties incur any liability as a result of their performance or nonperformance of this self-exclusion request, I agree to be responsible for that liability, including reasonable attorneys' fees.**

I hereby certify that I have read and that I understand and agree to the above terms and conditions.

Date _____ Signature _____

STATE OF)
) ss.
 COUNTY OF)

SUBSCRIBED AND SWORN to before me this _____ day of _____,
 _____ by _____.

WITNESS my hand and official seal.

My commission expires: _____.

 Notary Public

Mail or deliver completed form to:

| Lois A. Rice
Colorado Gaming Association
225 East 16th Avenue, Suite 260
Denver, Colorado 80203