

VOLUNTARY SELF-EXCLUSION REQUEST FORM

Last Name:						
First Name:						
Aliases/Nickname:						
Date of Birth:						
Address:						
City:						
Telephone No:		Player Ca	ard Acco	unt No: _		
Driver's License State: _		Driver's L	icense N	No:		
Social Security No:			Photo A	Attached:		
Physical Description:						
Height: We	ight:	Sex: _		Race:		
Eye Color:	_ Hair Color:		_ Glasse	es:	_Other:	
I, Gaming Facility for the fo	ollowing period:		vol	untarily re	equest that I be e	excluded from the
1 Year □	= :		Life			

Note: A one-year or two-year self-exclusion period will not be reinstated unless and until an individual request's removal after the term of the exclusion expires.

I have taken the time to review and understand the following terms of this Self-Exclusion Request, and agree with all of them:

- I will not attempt to gain access to any part of the facility, including gaming areas, gaming floors, restaurants, pavilions, and any other parts of the building during the period of this self-exclusion.
- I will cash out current points and/or comps accumulated as a players' club member at the time of exclusion. If I fail to do so, I understand that all points and/or comps will be deleted.
- If I enter the gaming facility during the period of this self-exclusion, and am detected, I request that I be summarily evicted and/or arrested for trespassing. Regulatory requirements direct that any winnings I incur while gaming at the gaming facility shall be forfeit immediately upon detection and be withheld from me and awarded to the Tribal Economic Development Authority (TEDA), or in the event I win a "progressive jackpot," that the winnings be returned to the jackpot.
- This self-exclusion request is irrevocable during the period indicated above. I understand that I
 will not be automatically reinstated after the term of my exclusion expires and will remain excluded
 until I submit a <u>Request to Reinstate and Release Form</u> and receive written permission from the
 Alabama-Coushatta Tribe of Texas Tribal Gaming Agency (ACTT-TGA).
- By accepting this self-exclusion request and taking reasonable steps to deny my access to the
 property, the gaming facility is not obligating itself to prevent my access to its property. The
 ultimate responsibility to limit my access to the gaming facility remains mine alone.
- The ACTT-TGA and gaming facility will treat this Self-Exclusion Request confidentially. Still, they will reasonably provide Information regarding this request to certain personnel and vendors (including cash access providers, and possibly others) whom the ACTT-TGA and gaming facility determine should be aware of this request to assist in taking steps to carry out my exclusion request.
- The gaming facility will take steps to remove my name from the mailing lists. Still, I agree to notify the ACTT-TGA by calling (936) 563-1233 as soon as practical if I continue to receive any promotional materials from the gaming facility.
- I will not seek to hold ACTT-TGA orthegaming facility liable in any way for my gaming at its facilities, even if the gaming facility negligently permits me to engage in gaming, and I agree to indemnify the gaming facility for any liability it may incur relating to this request.

Signature of Individual:	Date:
Gaming Facility Representative Signature/ID:	Date:
TGA Representative Signature/ID:	Date: