



REQUEST TO REINSTATE AND RELEASE (Self-Exclusion)

Last Name: _____ First Name: _____

Aliases/Nicknames: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone No: _____

Players Card Account No: _____

Driver's License State: _____ Driver's License No: _____

I, _____, request that my access to the gaming facilities be reinstated and release me from my exclusion.

The basis for my request is:

_____ I did not request to be excluded from the gaming facility and believe the current exclusion was imposed by mistake.

_____ I requested to be excluded from the gaming facility, but the exclusion period has expired. I know the gaming facility will remove the current exclusion only upon my written request.

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

- I am knowingly and voluntarily requesting the ACTT-TGA to allow me access to its facilities and gaming areas.
- I release the ACTT-TGA and gaming facilities from any obligation to exclude me from its facilities. I recognize that I am responsible for my actions, including any losses I may incur, while at the gaming facility. I acknowledge that the gaming facility is not responsible for, and will not be liable for, my gaming losses or for any other matter relating to my gaming.
- I understand that gaming facility will, upon notification of this request to reinstate gaming privileges, also restore my access to check cashing privileges and direct mail promotions, each as permitted

by law, subject to the gaming facilities ordinary policies and procedures regarding these services and privileges.

- The ACTT-TGA may provide information regarding this request to the select ACTT-TGA personnel and business partners (including cash access providers, and possibly others) who the gaming facility determines should reasonably be aware of the request.
 - I acknowledge that the ACTT-TGA and gaming facility reserves the right, in its sole discretion, to exclude me from its facility or deny me access to its services or privileges. I acknowledge that the gaming facility is not responsible for, and will not be liable for, denying me access to its facility or otherwise denying me access to its services.
 - I will not seek to hold the ACTT-TGA or gaming facility liable in any way for my gaming at any gaming facility property, even if the gaming facility negligently permits me to engage in gaming, and I agree to indemnify the ACTT-TGA and gaming facility for any liability it may incur relating to this request.
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Submit evidence and/or hearing request to:

Alabama-Coushatta Tribe of Texas
Tribal Gaming Agency
639 State Park Road 56
Livingston, Texas 77351.

Signature of the individual:

Date:

TGA Representative Signature/ID:

Date: