



**REQUEST TO REINSTATE AND RELEASE (For-Cause)**

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 was excluded from the gaming facility due to an incident involving my person.

In consideration of my reinstatement request, I would like the following factors to be known and taken into consideration:

---

---

---

---

---

---

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 accepting 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 Tribal Gaming Agency (TGA) may provide information regarding this request to select gaming facility personnel and business partners (including cash access providers, and possibly others) who the Tribal Gaming Agency (TGA) 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.
- 

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: