
Section 2: Gambling Responsibility Statement

17. I acknowledge that I am a problem gambler and that I am unable to gamble responsibly.

Signature of Applicant for Voluntary Exclusion

Date

Section 3:

18. I understand that I am prohibited from entering any Maryland casino property and if I do, I am subject to arrest for criminal trespass.

Signature of Applicant for Voluntary Exclusion

Date

Section 4: Waiver and Release

I release and forever discharge the state of Maryland, the Commission, and their employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of, or by reason of any act or omission relating to, this request for placement on the voluntary exclusion list or request for removal from the voluntary exclusion list including, but not limited to, the: (A) processing, maintaining, and enforcing the list; (B) any failure of a facility operator, or its employees, agents, or affiliates to withhold direct marketing or check cashing from a voluntarily excluded individual; (C) disclosure of information contained in the voluntary exclusion request or list, except for willfully unlawful disclosure of such information; or (D) dissemination of confidential information contained on the voluntary exclusion application or list by facilities under the jurisdiction of the Commission to any party not authorized to receive the information.

Signature of Applicant for Voluntary Exclusion

Date

Section 5: Authorization and Request to Release Information

- I request that the information provided on this form be disseminated by the Commission to the casino facilities licensed by the Commission in order to enforce my voluntary exclusion.
- I accept any risk of potential or actual adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of this information authorized by this Authorization and Request to Release Information.

Signature of Applicant for Voluntary Exclusion

Date

Section 6: Verification Information

18. Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form? Yes No Initial _____

(If yes, section seven must be completed.)

19. Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision? Yes No Initial _____

(If yes, terminate the interview)

20. Are you completing this request form of your own free will? Yes No Initial _____

(If no, terminate the interview)

21. Have you read this request form and do you understand its contents? Yes No Initial _____

22. Do you understand that, by asking to be placed on the list of voluntary excluded persons, you are acknowledging that you are a problem gambler and that you are unable to gamble responsibly? Yes No Initial _____

23. Do you understand that, the Maryland Lottery Commission recommends that you seek an assessment, evaluation and treatment for your gambling problem? Yes No Initial _____

24. Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to stay out of all Maryland casinos? Yes No Initial _____

25. Do you understand that, if your request for voluntary exclusion is granted, the consequences of you being discovered in a Maryland casino may include arrest for criminal trespassing? Yes No Initial _____

26. Do you understand that, if your request for voluntary exclusion is granted, you will not be eligible to play any slot machine, and therefore you will not be allowed to collect any winnings at a Maryland casino? Yes No Initial _____

27. Do you understand that, if your request for voluntary exclusion is granted, you are authorizing the Maryland Lottery Commission to release the contents of your request to all Maryland casinos and facility operators and their specified enforcement employees? (The Commission may release this information only for purposes of enforcing the voluntary exclusion program, and is not authorized to release it to your family members, employer or a prospective employer.) Yes No Initial _____

28. Do you understand that releasing the information in this request to the video lottery facilities licensed in Maryland may result in you being denied service at affiliated casinos in other jurisdictions? (For example, if an operator of a Maryland casino owns or manages a casino in another state, that operator may choose to deny you service at all its locations.) Yes No Initial _____

29. Do you understand that, by completing this form, you are requesting to be placed on the list of voluntarily excluded individuals and that such placement is for at least two years or life? Yes No Initial _____

30. Do you have any questions that the Maryland Lottery Commission employee or designated agent has not answered to your satisfaction regarding voluntary exclusion that prevents you from making an informed decision whether or not to complete and sign this request form? Yes No Initial _____

(If yes, the interview is terminated)

31. Do you understand that it is your responsibility to provide the Maryland Lottery Commission with updated information regarding any information provided in this request, including name and address changes? Yes No Initial _____

32. Are you required to enter a Maryland casino in the performance of your job duties? Yes No Initial _____

If yes, please provide the following information:

Employer _____

Job Title _____

Maryland Gaming License Number (if you have one)

33. I understand that after I submit this application, and if I am placed on the voluntary exclusion list, the Authorization and Request to Release Information allows the Maryland Lottery Commission to release information about my voluntary exclusion to Maryland casinos and facility operators, and that some casinos may choose to deny me service at their facilities in jurisdictions beyond Maryland.

Writing your initials in the box below acknowledges that you understand the questions above, and have reviewed your responses and checked the boxes that correspond to your answers.

Section 6: Acknowledgement

I have completed and am signing this request for voluntary exclusion in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication that would impair my judgment. I am voluntarily requesting exclusion from the gaming areas at all facilities under the jurisdiction of the Maryland Lottery Commission. I certify that the information that I have provided is true and accurate, and that I have read, understand and agree to the waiver and release included in this request for placement on the voluntary exclusion list. I am aware that my signature below authorizes the Commission to direct all Maryland casinos and operating agents to restrict my gaming activities in accordance with this request. If I have elected to be placed on the list for a period of two (2) years, I may extend the period of voluntary exclusion. To be removed from the list at the end of my two years, I must submit a request to the Commission with all necessary supporting documentation for their approval. I am aware and agree that during any period of voluntary exclusion, I shall not collect any winnings or recover any losses resulting from any slot machine play at a casino licensed by the Commission. I understand that any money or thing of value obtained by me from, or owed to me by, a Maryland casino as a result of wagers made by me while I am on the voluntary exclusion list shall be subject to forfeiture and that I may be subject to criminal action for trespass if I enter a Maryland casino.

The Commission will use the information that I provide in this Application for the purpose of deciding whether I am eligible for inclusion on the voluntary exclusion list, and to include me on the list if I am determined to be eligible. My refusal to provide requested information may cause the Commission to reject my Application for voluntary exclusion.

The Commission is required by Maryland law to maintain the voluntary exclusion list, and to advise casino operators who is on the list. A facility operator may disclose this information only to the facility manager, security and surveillance department, and employees who are directly responsible for excluding unauthorized individuals from a casino. This information is not otherwise generally available for public inspection. I have the right to inspect, amend, or correct the records that contain personal information about me.

Signature of Applicant for Voluntary Exclusion

Date

Section 7: Interpreter Information

Note for individuals requesting voluntary exclusion using an interpreter: The individual submitting this application requires the assistance of an interpreter in order to complete this application. The name, address, and phone number of the interpreter are listed below as well as a certification that the interpreter has completely, accurately, and impartially translated and communicated all instructions given by the Maryland Lottery Commission employee or designated agent and the applicant's responses.

Full name of interpreter _____

Street address _____

City, State, and Zip _____

Phone Number _____

Language spoken by interpreter _____

Certification of Interpreter

I, _____, through my signature below affirm, attest, and acknowledge that I have served as an interpreter for _____ to assist him/her in completing an application for placement on voluntary exclusion list. I affirm and attest that I have completely, accurately, and impartially communicated all instructions from the Maryland Lottery Commission employee or designated agent and the applicant's responses.

Signature of Interpreter

Date

Section 8: Certification of Witness

I witnessed _____ sign his/her name this _____ day of _____, 20 _____. This individual appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and appears to be voluntarily applying for exclusion. The signature, physical description and identity of this individual matches the individual's photograph and credentials, photocopies of which are attached to this Request.

Signature of Commission employee or designated agent

Date

Location

The Commission employee or designated agent shall verify the signature of the individual submitting an application for voluntary exclusion and inform him/her that he/she will be notified, in writing, by the Maryland Lottery Commission when their application is approved and they are placed on the voluntary exclusion list. It will take a few days to forward the information to the casinos. The Commission employee or designated agent shall ask the individual to surrender all players' cards for all Maryland gaming facilities.

For Internal Use Only

Date Received: _____

Date Processed: _____

By: _____

Approved: _____ Denied: _____