



# Self- Exclusion Form

Pursuant to the provisions of the Gaming Act, 2014 and the Gaming House Operator Regulations, 2014, this form is to be completed by all persons wishing to exclude themselves from all gaming activities. Be advised that, upon completion and execution of this application, The Island Game is legislatively required to provide your name to all other Gaming House Operators and to the Gaming Board.

**PLEASE PRINT THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED.**

1. Name: \_\_\_\_\_  
LAST (INCLUDE Sr., Jr., etc. if applicable)                      FIRST                      MIDDLE

2. Do you use any other names?    YES    NO

If YES, List the additional name(s) below (Include maiden name, aliases, nicknames or any other name):

\_\_\_\_\_ Percy's \_\_\_\_\_

3. Home Address \_\_\_\_\_

4. Telephone Contact: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_  
MONTH                      DAY                      YEAR

6. Identification Document Type/Number: \_\_\_\_\_  
(Valid passport or drivers' license/current voters' card)

7. I would like to apply for Self-Exclusion by virtue of Section 74 of The Gaming Act, 2014 for a period of (Choose one):

ONE YEAR {    }                      FIVE YEAR {    }                      LIFETIME {    }

**WAIVER AND RELEASE**

I hereby release and forever discharge The Island Game and its employees and agents and all gaming licensee's and their employees and agents from any liability to me and my heirs, administration, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion.



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8. I confirm that:
- a) I am making this application voluntarily, without being coerced or forced or under any duress.
  - b) I understand that my Self-Exclusion will take effect immediately upon submitting this application.
  - c) I understand that my Self-Exclusion is irrevocable for the period in respect of which the exclusion I have applied for. Pursuant to the provisions of the Gaming Act, 2014 and the Gaming House Operator Regulations, 2014, this form is to be completed by all persons wishing to exclude themselves from all gaming activities. Be advised that, upon completion and execution of this application, The Island Game is legislatively required to provide your name to all other Gaming House Operators and to the Gaming Board.
  - d) I understand that, where applicable, my Self-Exclusion will lapse after the expiry of the period for which I applied.
  - e) I am aware that if I enter or remain on The Island Game’s premises after my Self-Exclusion has taken effect, any winnings paid or payable to me shall be forfeited.
  - f) I am aware that if I enter any gaming premises owned and operated by The Island Game or the premises of any licensed agents of The Island Game personnel may refuse my bets and ask me to leave the premises immediately.

### ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at The Island Game. I certify that the information that I have provided above is true and accurate, and that I have read, understand and agree to the waiver and release contained in this application. I understand that my signature below authorizes The Island Game and its licensed agents to enforce my exclusion for the period selected. I understand that if I am found on the premises of any facility owned and operated by The Island Game after having been voluntarily excluded, I will be subject to arrest for criminal trespassing if I refuse to be escorted from the facility. I authorize The Island Game and its representatives to send a copy of my request to other gaming license holders and the Gaming Board. I am aware, and agree, that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at The Island Game and that any money or thing of value obtained by me from, or owed to me by The Island Game as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. I am aware that during the period of time on the self-exclusion list I shall be denied any promotions and offers relating to gaming activities at The Island Game.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

I certify that the signature of the person requesting suspension of gaming privileges appears to agree with that contained on the above identification credentials and the photograph of the person appears to agree with his or her actual appearance.

Island Game Representative: \_\_\_\_\_  
 Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_