

# REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM ALL GAMING FACILITIES AND ENTITIES LICENSED, PERMITTED OR REGISTERED BY THE NEW YORK STATE GAMING COMMISSION

THIS FORM IS TO BE COMPLETED BY THE PERSON WHO REQUESTS TO BE EXCLUDED FROM ALL LEGAL GAMING FACILITIES AND ACTIVITIES IN NEW YORK STATE PURSUANT TO TITLE 9 OF THE OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK AND NEW YORK RACING, PARIMUTUEL WAGERING AND BREEDING LAW SECTION 1404(1)(d).

By submitting this completed voluntary self-exclusion form, you agree to be excluded from all the following properties including non-gaming activities at such properties and you will be prohibited from on- and off-track parimutuel wagering, internet and account wagering, sports wagering, and from participating in any additional gaming or gambling operation not currently listed here which may, in the future, come under the regulatory control of the New York State Gaming Commission (Commission).

**Commercial Casino**

del Lago Resort & Casino  
Resorts World Catskills  
Rivers Casino & Resort Schenectady  
Tioga Downs Casino Resort

**Video Lottery Gaming**

Batavia Downs Gaming  
Finger Lakes Gaming & Racetrack  
Hamburg Gaming  
Jake's 58 Hotel and Casino  
MGM Empire City Casino  
Resorts World Casino Hudson Valley  
Resorts World Casino NYC  
Saratoga Casino Hotel  
Vernon Downs Casino Hotel

**Sports Wagering****Off-Track Betting**

Capital Off-Track Betting  
Catskill Off-Track Betting Nassau Off-Track Betting  
Suffolk Off-Track Betting  
Western Off-Track Betting

**Horse Racing**

Aqueduct Racetrack  
Batavia Downs  
Belmont Park  
Buffalo Raceway  
Finger Lakes Racetrack  
Monticello Raceway  
Saratoga Race Course  
Saratoga Casino Hotel Racetrack  
Tioga Downs  
Vernon Downs  
Yonkers Raceway

**Multi-Jurisdictional Advanced Deposit Wagering**

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**INSTRUCTIONS:** Please read this entire form carefully and clearly print your responses. If you need help understanding any portion of this form and/or need translation services, please inform the intake employee. Forms submitted by mail must be notarized and include a photograph. Forms should be sent to: NYS Gaming Commission, Director of Education & Community Relations, PO Box 7500, Schenectady, NY 12301-7500

**GENERAL INFORMATION** (please print)

**Name:** \_\_\_\_\_  
   Last  First  Middle

**Additional name(s) (maiden name, aliases, nicknames, etc.):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
   Number & Street  Apt. No.

\_\_\_\_\_

  City  State  Zip Code

**Telephone Number:** \_( \_\_\_\_\_ ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. The Voluntary Self-Exclusion Program record keeping system was established pursuant to the authority of New York Racing, Pari-Mutuel Wagering and Breeding Law § 1344. Your social security number is used to verify your identity. Failure to disclose your social security number may prohibit the Commission from effectively implementing your Voluntary Self-Exclusion.*

**Alternative Gov't-Issued ID Number/Type of ID Provided:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Gender:</b></p> <p>___ Male</p> <p>___ Female</p> <p>___ X</p>	<p><b>Height:</b></p> <p>___ Ft. ___ In.</p> <p><b>Weight:</b></p> <p>_____ lbs.</p>	<p><b>Hair Color:</b></p> <p>___ Black</p> <p>___ Brown</p> <p>___ Blonde</p> <p>___ Red</p> <p>___ Gray</p> <p>___ White</p> <p>___ Bald</p> <p>___ Other</p>	<p><b>Eye Color:</b></p> <p>___ Black</p> <p>___ Brown</p> <p>___ Hazel</p> <p>___ Blue</p> <p>___ Gray</p> <p>___ Green</p> <p>___ Other</p>	<p><b>Race/Ethnicity:</b></p> <p>___ Non-Hispanic White</p> <p>___ Non-Hispanic Black</p> <p>___ Non-Hispanic Asian</p> <p>___ Non-Hispanic Other Race</p> <p>___ Hispanic</p> <p>___ Unknown</p>
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**MINIMUM SELF-EXCLUSION PERIOD**

Exclusion will be enforced for the period selected below, with NO EXCEPTIONS. You will remain on the self-exclusion list until you complete the entire exclusion period, regardless of any change in personal circumstances.

Select the period of time you are requesting to be excluded from all New York gaming properties, including nongaming activities at such properties, on- and off-track pari-mutuel wagering, multi-jurisdictional advance deposit wagering, sports wagering and any additional gaming or gambling operation not currently listed here which may, in the future, come under the regulatory control of the Commission.

\_\_\_ **One (1) year**

\_\_\_ **Three (3) years**

\_\_\_ **Five (5) years**

\_\_\_ **Lifetime**

\_\_\_\_\_ (initial) **Today's Date:** \_\_\_\_\_

**WAIVER AND RELEASE**

I understand that by submitting this request, it shall not create any cause of action, right of action, claim, or other right whatsoever in favor of any person against the State of New York, the New York State Gaming Commission, any of the entities and properties listed in this request or any of the representatives or employees of any of the foregoing entities. I hereby release and forever discharge the State of New York, the New York State Gaming Commission, and the entities and properties listed in this request, and the representatives and employees of such entities and properties, from any liability to me and my heirs, administrators, executors and assignees for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for voluntary self-exclusion or any subsequent request for removal from the self-exclusion list, including (1) processing or enforcement of this request or any subsequent request, (2) the failure of any listed property to withhold gaming privileges from me or to restore gaming privileges to me, (3) permitting or not permitting me to engage in gaming activity while I am on the list of self-excluded persons and (4) disclosure of information about me to any person or group that is not affiliated with the New York State Gaming Commission, except for a willfully unlawful disclosure of such information.

\_\_\_\_\_ (initial) **Today's Date:** \_\_\_\_\_

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**TERMS, CONDITIONS & DECLARATION****Read and initial each statement below before signing.**

- \_\_\_\_\_ I certify that the information that I have provided above and in connection with this request is true and accurate.
- \_\_\_\_\_ I am not presently under the influence of drugs, alcohol, or suffering from a mental health condition that impairs my ability to make an informed decision.
- \_\_\_\_\_ I acknowledge that I am voluntarily seeking to exclude myself from the premises of all New York gaming and gambling operations, including those opened or acquired after the date of this request, for the whole term specified on page 3.
- \_\_\_\_\_ I have read, understand, and agree to the Waiver and Release included with this request.
- \_\_\_\_\_ I understand that under no circumstances may I shorten the duration of my self-exclusion term.
- \_\_\_\_\_ I authorize a copy of this request for self-exclusion to be sent to the Commission and to all NYS licensed entities and properties.
- \_\_\_\_\_ I understand and agree that this exclusion will prevent the receipt of direct marketing and promotion materials regarding gaming opportunities, recognizing that the implementation of this prevention of receipt of such material shall not take effect immediately.
- \_\_\_\_\_ I am aware that my signature authorizes the entities and properties listed above to restrict my casino gaming, video lottery gaming, horse racing and pari-mutuel wagering activities, sports wagering, and any future gaming activities that may, in the future, come under the regulatory control of the Commission for the duration of the exclusion period I selected and until my name has been removed from the self-exclusion list.
- \_\_\_\_\_ I understand that if I self-exclude in New York State, some entities and properties covered by this request have their own corporate self-exclusion policies that will prevent me from entering and/or engaging in gaming or other gambling activity and/or entering the restaurant, hotel or other amenities located at their affiliated out-of-state properties.
- \_\_\_\_\_ I am aware and agree that during my period of self-exclusion, if I engage in gaming activity at or with any of the entities or properties listed in this request or that may be added in the future, I may not collect any winnings or recover any losses resulting from the gaming activity.
- \_\_\_\_\_ I understand further that any money or thing of value obtained by me from or owed to me by any of the entities or properties listed in this request as a result of wagers made by me while on the self-exclusion list will be forfeited.

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- \_\_\_\_\_ I understand that if I am found at any of the properties listed in this request while my name is on the self-exclusion list, I may be subject to arrest and prosecution under all applicable laws, including trespass pursuant to N.Y. Penal Law Section 140.05.
  
- \_\_\_\_\_ I agree that I will not attempt to enter the premises of and/or use any of the services or privileges available through the entities and properties listed in this request or that may be added in the future during the period I selected on Page 3. I understand that the premises of a commercial casino or video lottery gaming facility include the gaming floor, restaurants, hotels, and other amenities as there may be.
  
- \_\_\_\_\_ I understand and agree that it is my personal responsibility and not the responsibility of New York State, the Commission or its employees or agents, or any New York licensed establishment or entity to stop me from entering the premises of a commercial casino or video lottery gaming facility or registering for other prohibited gaming services.
  
- \_\_\_\_\_ I acknowledge and understand that this self-exclusion request does not release me from any debts I incurred prior to or during my self-exclusion period.
  
- \_\_\_\_\_ I am aware that my signature on page 6 permits the facilities and entities listed above to authorize my exclusion from such properties and entities until my exclusion has expired.
  
- \_\_\_\_\_ I fully and completely understand all provisions of this Request for Voluntary Self-Exclusion and sign it voluntarily, freely, and knowingly.

**FREE & CONFIDENTIAL HELP**

The New York State Office of Addiction Services and Supports (OASAS) provides FREE and CONFIDENTIAL support and referrals related to the effects of gambling harms. This service is available 24 hours a day, 7 days a week through the OASAS HOPEline.

CHECK HERE TO HAVE A TRAINED HOPELINE OPERATOR CONTACT YOU AT THE PHONE NUMBER ABOVE. THIS SERVICE IS COMPLETELY CONFIDENTIAL AND FREE OF CHARGE.

You may also get help by contacting the OASAS HOPEline:

**1-877-8-HOPENY (1-877-846-7369)**  
**Text: HOPENY (467369)**



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**OPTIONAL QUESTION**

Please select the type(s) of gambling you participate in most often:

- \_\_\_ Slot machines
- \_\_\_ Sports Book
- \_\_\_ Roulette/Table Games
- \_\_\_ Blackjack
- \_\_\_ Baccarat and other card games
- \_\_\_ Poker games
- \_\_\_ Tile and dice games
- \_\_\_ Video Lottery Terminals/Electronic Table Games
- \_\_\_ New York Lottery games
- \_\_\_ Horse Racing
- \_\_\_ Charitable games (bingo, raffles, pull-tabs/bell jar)

**ACKNOWLEDGMENT/SIGNATURE**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date submitted:** \_\_\_/\_\_\_/\_\_\_      **Time signed** \_\_\_\_\_ A.M./P.M. (circle one)

**PHOTO IDENTIFICATION**

All requests must include a photo. Photos must be at least 2 x 2 inches and no larger than 4 x 6 inches. Photos must be recent (within six months) and display your full face from the neck up. Tinted glasses, hats and headwear are not permitted. If this self-exclusion request is being completed at any of the properties listed on Page 1, the photograph must be taken by a member of that property’s security department.

**NOTARY (if applicable)**

If this request is submitted by mail, it must be notarized below by a duly authorized Notary Public. Final, notarized forms with photos may be submitted by mail to New York State Gaming Commission, Director of Education & Community Relations, PO Box 7500, Schenectady, New York 12301-7500

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and \_\_\_\_\_ acknowledged to me that \_\_\_\_\_ executed the same.

\_\_\_\_\_  
Notary Public

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**INTERPRETER INFORMATION (Only for persons who require an interpreter)**

The person submitting this application required the assistance of an interpreter or legal guardian in order to complete their application. The name, address, phone number, of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the intake employee and that the person requesting participation in the VSE program has indicated that they understand the request form.

Full name of interpreter \_\_\_\_\_

Date of Birth (Interpreter must be at least 18 years of age) \_\_\_\_\_

Preferred language of person signing this request \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

I, \_\_\_\_\_, through my signature below affirm, attest and acknowledge that I have served as an interpreter for \_\_\_\_\_ to assist them in completing this request. I affirm and attest that I have completely and accurately communicated all instructions from the intake employee verifying this request. The person requesting removal from the VSE list has informed me that they understand the document I have assisted in explaining and has signed it in an informed condition and knows and understands the responsibilities and ramifications associated with being on the VSE list.

Signature of Interpreter/Legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that I accepted this request for voluntary self-exclusion from all gaming activities listed above. I certify that I have requested government issued identification, and that I have reviewed the provided social security number or other government issued identification number for completeness, and that the information and signature above appear to agree with that contained on the identification, and the physical description and the photograph of the person on the identification appear to agree with such individual's actual appearance except as specifically provided below.

Name of Property: \_\_\_\_\_

Name of Property Intake Employee: \_\_\_\_\_

NYS Gaming License Number: \_\_\_\_\_

TYPE OF IDENTIFICATION OFFERED: \_\_\_\_\_

Exceptions (as described above) \_\_\_\_\_

Intake Time: \_\_\_\_\_ A.M./P.M. (circle one)

Signature of Intake Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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