REQUEST FOR VOLUNTARY EXCLUSION FROM SARATOGA CASINO AND RACEWAY

This form is to be completed by a patron requesting to be excluded from gaming activities at the Saratoga Casino and Raceway pursuant to NYS 2836-19.5. All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

1. **NAME**: _____
   LAST, FIRST, MIDDLE (Sr., Jr., etc., if applicable)

2. **PLAYER EXTRAS CLUB ACCOUNT NUMBER** (IF MEMBER): _____

3. **DO YOU USE ANY OTHER NAME OR NAMES**? ☐YES ☐NO
   If yes, list the additional names(s) below (include maiden name, aliases, nicknames, or any other name):

4. **HOME ADDRESS**: _____
   Number, Street, Apt#, City, State & Zip Code

5. **HOME TELEPHONE NUMBER**: (_____)_____
   Area Code & number

6. **SOCIAL SECURITY NUMBER**: _____
   Disclosure of your Social Security number is voluntary

7. **DATE OF BIRTH**: ____/____/_____
   Month/Day/Year

8. **HEIGHT**: _____
   FT - IN

9. **WEIGHT**: _____
   LBS

PLEASE CHECK APPROPRIATE BOX:

10. **GENDER**:
    - ☐ MALE
    - ☐ FEMALE

11. **HAIR COLOR**:
    - ☐ (BK) BLACK
    - ☐ (BR) BROWN
    - ☐ (BD) BLOND
    - ☐ (RD) RED
    - ☐ (GY) GRAY
    - ☐ (WH) WHITE
    - ☐ (BA) BALD
    - ☐ (OT) OTHER

12. **EYE COLOR**:
    - ☐ (BK) BLACK
    - ☐ (BR) BROWN
    - ☐ (HA) HAZEL
    - ☐ (BL) BLUE
    - ☐ (GY) GRAY
    - ☐ (GR) GREEN
    - ☐ (RD) RED
    - ☐ (OT) OTHER

13. **OTHER DISTINGUISHING PHYSICAL CHARACTERISITICS**: _____

_____

14. **MINIMUM SELF-EXCLUSION PERIOD** (Choose One)

☐ ONE YEAR ☐ THREE YEARS ☐ FIVE YEARS

WAIVER AND RELEASE

I hereby release and forever discharge the State of New York, New York State Lottery, Saratoga Casino and Raceway and its employees, agents, and all gaming licensees 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 omissions relating to this request for self-exclusion or my request for removal from the self-exclusion list including (1) its processing or enforcement, (2) the failure of a gaming licensee to withhold gaming privileges from, or restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed gaming and raceway or simulcast facility while on the list of self-excluded persons, (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information.

ACKNOWLEDGEMENT

I am voluntarily requesting exclusion from all gaming activities at Saratoga Casino and Raceway because I am a problem gambler. 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 included with the request for self-exclusion. I am aware that once this self-exclusion form is completed and on file, I may receive mail from Saratoga Casino and Raceway for up to 60 days and that these mailings are in no way a form of solicitation for me to return to the property. I am aware that my signature below authorizes the Saratoga Casino and Raceway authorities to restrict my gaming activities for a minimum period of one year from the date of this request and indefinitely thereafter, until such time as my name is removed from the self-exclusion list. 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 Saratoga Casino and Raceway and that any money or thing of value obtained by me while on the self-exclusion list shall be subject to forfeiture. I am aware that during my period of self-exclusion I will be denied access to any player club promotions, offers or memberships relating to the gaming activities at Saratoga Casino and Raceway.

Signed: _____ Date: _____

Do not write below this line / For Saratoga Casino and Raceway use only

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Type of I. D. Offered: _____

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

_____ Date: _____

Security Supervisor or above