STATE OF OHIO

Voluntary Exclusion Program Application

DRAFT
INSTRUCTIONS

- Read the entire form before responding to the questions.
- Present a valid driver's license or government-issued photo identification card.

IMPORTANT NOTICES

By signing and submitting this application, you are voluntarily agreeing to refrain from entering all excluded facilities for at least the time period that you specify in Section 2, Question 1 below.

Excluded facilities are defined as the 4 Ohio casinos and the 7 Ohio Video Lottery Terminal (VLT) facilities. In addition excluded facility operators may have a corporate policy that will cause this exclusion to apply at all the facilities they own, manage, or operate in other states and countries or facilities they acquire after the date this form is signed. It is your responsibility to determine if a facility operator has a policy that will ban you from playing at or visiting those other gaming facilities.

The Ohio Casino Control Commission, the Ohio Lottery Commission (collectively “Commissions”), and the excluded facility operators will comply with all rules protecting the confidentiality of your enrollment in the Ohio VEP. However, the Commissions must release information regarding the Ohio VEP to all excluded facility operators so that the Commissions and the excluded facility operators can help you fulfill your commitment to refrain from gambling; accordingly, the Commissions cannot guarantee the confidentiality of the information once the information has been given to the excluded facility operators.

All actions outlined in this application that either the Commissions or an excluded facility operator may take are incentives that you are asking the Commissions and excluded facility operators to use to help you fulfill your commitment to refrain from gambling, and are not a guarantee that any party, including the Commissions, can physically prevent you from going to excluded facilities.

SECTION 1: PERSONAL INFORMATION

1 Full legal name of individual requesting voluntary exclusion:
   __________________________
   First Name   Middle Initial   Last Name

2 Aliases/nicknames/other names used:
   __________________________
   First Name   Middle Initial   Last Name

3 Residential address:
   Street or P.O. Box __________________________
   City   State   Zip __________________________
   County of Residence __________________________

4 Primary telephone: __________________________

5 Other telephone: __________________________

6 Email Address: __________________________

7 Last 4 digits of Social Security Number: __________________________

Under the Privacy Act the disclosure of your Social Security Number is voluntary.

8 Date of birth: __/__/______

9 Driver’s license or government ID number:
   Number __________________________
   Issued by __________________________

   Sex
   □ Male   □ Female
10 Physical Description:
- Height ____________________
- Weight ____________________
- Hair color ____________________
- Eye color ____________________

11 Contact lenses  □ Yes  □ No

12 Ethnicity
- □ Caucasian/White
- □ African-American/Black
- □ Hispanic/Latino
- □ Native American
- □ Asian/Pacific Islander
- □ Other ____________________

13 National origin: ____________________

Passport number: ____________________

Alien Registration number: ____________________

Country of Citizenship: ____________________

14 Complexion
- □ Light
- □ Medium
- □ Dark

15 Noticeable physical characteristics (birthmarks, scars, tattoos, etc.): ____________________

16 Are you required to enter an excluded facility to perform your job duties?
- □ Yes  □ No

If yes, please provide the following information:
- Employer ____________________
- Job title ____________________
- Location(s) at which entry is/may be needed ____________________

17 I was referred by:
- □ Casino employee
- □ Signs at an excluded facility
- □ Family member
- □ Health care provider
- □ Billboard/radio/television advertisement
- □ VLT employee
- □ Other ____________________

SECTION 2: LENGTH OF EXCLUSION
I hereby request enrollment in the Ohio VEP for:
- □ Minimum ______ years  □ Minimum five years  □ Lifetime

SECTION 3: VERIFICATIONS
1 I am completing this application voluntarily.
- □ Yes  □ No

2 I am not under the influence of any alcoholic beverages or controlled substances, or otherwise impaired.
- □ Yes  □ No

3 I understand that I will be removed from any excluded facility if I am found in an excluded facility at any time while I am in the Ohio VEP and may be charged with criminal trespassing.
- □ Yes  □ No
4 I understand that if I am found in an excluded facility at any time while I am in the Ohio VEP, that I may be charged with criminal trespassing.
   □ Yes □ No

5 I understand I am not automatically removed from the Ohio VEP at the end of the applicable exclusion period.
   □ Yes □ No

6 I will not enter any excluded facility until I have successfully obtained removal from the Ohio VEP, or have otherwise been specifically granted limited access by the applicable Commission to perform required job duties in an excluded facility.
   □ Yes □ No

7 I understand that the Ohio VEP applies not only to the facility where I signed up, but also to all excluded facilities, as defined in the “Important Notices” section of the application.
   □ Yes □ No

8 I understand that I am ineligible to win or collect a prize from a gambling game while I am in the Ohio VEP, and therefore, I will not be paid if I attempt to claim any winnings at an excluded facility.
   □ Yes □ No

9 I agree to surrender to the applicable Commission any money or thing of value I convert or attempt to convert into a wagering instrument at an excluded facility in order to support problem gambling and addictions services if I am found in any excluded facility while I am in the Ohio VEP.
   □ Yes □ No

10 I understand that by joining the Ohio VEP, excluded facility operators may deny me service at its commonly owned, managed, or operated facilities anywhere in the world, including non-gaming areas and amenities.
    □ Yes □ No

11 I agree to forfeit all points and complimentary earned on or before the date I am completing this application.
    □ Yes □ No

12 The Commission will deliver notice of my placement in the Ohio VEP. I would prefer delivery by:
   □ Ordinary mail to the address listed in Section 1, Question 3 of this Application
   □ Ordinary mail to the following address: ________________________________
                                                                                   ________________________________

13 I understand that I am voluntarily agreeing to refrain from entering all excluded facilities, the 4 Ohio casinos and the 7 Ohio Video Lottery Terminal (VLT) facilities, for:
    □ Minimum one year  □ Minimum five years  □ Lifetime
SECTION 4: AUTHORIZATION, ACKNOWLEDGMENT, AND WAIVER

1. I certify the information I have provided above is true and accurate.

2. I authorize the Commissions to release my photograph and all other information provided in this application that is necessary for an excluded facility operator to enforce my voluntary exclusion.

3. I accept any risk of adverse public notice, embarrassment, criticism, or other action, including any financial loss, which may directly or indirectly result from the release of the information authorized in this application.

4. I acknowledge that my winnings from gambling activity while I am enrolled in the Ohio VEP, even if surrendered, may be subject to state and federal income tax laws.

5. I release and forever discharge the state, the Commissions, and their employees and agents from any liability to me and my heirs, administrators, executors, and assigns for all harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this application for enrollment in the Ohio VEP or any future application for removal from the Ohio VEP, including the following: (A) administration or enforcement of the Ohio VEP; (B) the failure of an excluded facility operator to withhold gambling privileges, direct marketing, check cashing, or extension of credit to me; (C) disclosure of information contained in this application; or (D) the dissemination of confidential information contained in this application by unauthorized persons.

6. I certify that I have read this application, completed it truthfully and accurately, understand everything in it, and agree to be bound by its terms, including all future changes made to the program made under Ohio Revised Code Chapter 3770 and 3772 and the rules adopted thereunder.

_____________________________________ _______/_______/_____.M.
Signature of individual requesting exclusion Date   Time

Certification of Witness: I certify that I personally witnessed _______________________________ sign this application on this ______ day of ____________, 20___, that the individual requesting voluntary exclusion appears not to be under the influence of any alcoholic beverages or controlled substances, and that the signature, physical description, and identity of the individual requesting voluntary exclusion match the individual's photograph and proof of identification. Photocopies of which are attached to this application.

_____________________________________ _______/_______/_____.M.
Signature of Commission Employee Date   Time

_____________________________
Printed name of Commission Employee