



VOLUNTARY  
EXCLUSION  
PROGRAM

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APPLICATION



OHIO CASINO  
CONTROL COMMISSION



**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            Middle Initial            Last

**2 Alias/nicknames/other names used:**

\_\_\_\_\_  
First            Middle Initial            Last

**3 Residential address:**

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City                            State                            Zip

\_\_\_\_\_  
County of Residence

**4 Primary telephone:** \_\_\_\_\_

**Other telephone:** \_\_\_\_\_

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

**6 Last 4 digits of Social Security Number:** \_\_\_\_\_

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

**7 Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**8 Driver's license or government ID number:**

\_\_\_\_\_  
Number                            Issued by

**9 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 \_\_\_\_\_

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**SECTION 2: LENGTH OF EXCLUSION**

**I hereby request enrollment in the Ohio VEP for:**

- Minimum of **one year**
- Minimum **five years**
- Lifetime**

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**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 to fund state 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 complimentaries earned on or before the date I am completing this application.  
 Yes  No
- 12 The Commissions 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 or email 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 of **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 any 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.

\_\_\_\_\_  
**Signature of individual requesting exclusion**      **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Time** \_\_\_\_:\_\_\_\_.M.

**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.

\_\_\_\_\_  
**Signature of Commission Employee**      **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Time** \_\_\_\_:\_\_\_\_.M.

\_\_\_\_\_  
**Printed name of Commission Employee**