

REQUEST FOR VOLUNTARY EXCLUSION FROM FINGER LAKES CASINO & RACETRACK

This form is to be completed by a patron requesting to be excluded from gaming activities at Finger Lakes Casino & Racetrack pursuant to NYS 2836-19.6. 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 (INCLUDE SR., JR., ECT., IF APPLICABLE) FIRST MIDDLE

2. DO YOU USE ANY OTHER NAME OR NAMES? YES NO . IF YES, LIST THE ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME):

3. HOME ADDRESS: _____
NUMBER AND STREET APT#

CITY STATE ZIP CODE

4. HOME TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

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

6. DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

7. HEIGHT: _____ 8. WEIGHT: _____
FT-IN LBS

PLEASE CHECK APPROPRIATE BOX:

- | | | | |
|--------------------|-------------------------------------|---|---|
| 9. <u>GENDER</u> : | <input type="checkbox"/> (M) MALE | 10. <u>HAIR COLOR</u> : | 11. <u>EYE COLOR</u> : |
| | <input type="checkbox"/> (F) FEMALE | <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (BK) BLACK |
| | | <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (BR) BROWN |
| | | <input type="checkbox"/> (BD) BLOND | <input type="checkbox"/> (HZ) HAZEL |
| | | <input type="checkbox"/> (RD) RED | <input type="checkbox"/> (BL) BLUE |
| | | <input type="checkbox"/> (GY) GRAY | <input type="checkbox"/> (GY) GRAY |
| | | <input type="checkbox"/> (WH) WHITE | <input type="checkbox"/> (GR) GREEN |
| | | <input type="checkbox"/> (BA) BALD | <input type="checkbox"/> (OT) OTHER _____ |
| | | <input type="checkbox"/> (OT) OTHER _____ | |

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISITICS: _____

13. 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, Finger Lakes Casino & Racetrack 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 omission 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 Finger Lakes Casino and Racetrack. 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 my signature below authorizes Finger Lakes Casino and Racetrack to authorize my exclusion from the video lottery gaming facility until the expiration of the exclusionary period I have requested. I understand that if found within the video lottery gaming facility after having been voluntarily excluded, I will be subject to arrest for criminal trespass if I refuse to be escorted from the facility. Further, I authorize the video lottery gaming agent to send a copy of my request to each video lottery gaming facility located within New York State. **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 Finger Lakes Casino & Racetrack and that any money or thing of value obtained by me from, or owed to me by Finger Lakes Casino & Racetrack as a result of wagers made by me while on the self-exclusion list shall be subject to forfeiture. Furthermore, 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 gaming activities at Finger Lakes Casino & Racetrack.**

SIGNED: _____ DATE: _____

Only if mailed:

NOTARY PUBLIC SIGNATURE: _____ DATE: _____

I hereby certify that the above signed individual appeared before me on the date indicated.

DO NOT WRITE BELOW ----- FOR FINGER LAKES CASINO & RACETRACK USE ONLY

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.

Facility Representative VLT Lic#: _____ Date: _____

FOR PATRON USE

**REMEMBER,
IT'S JUST A GAME.
PLAY RESPONSIBLY.**

**If you have a problem gaming responsibly,
please call:**

1-877-8HOPENY

**24-hour New York State Office of Alcoholism
and Substance Abuse Services helpline for
confidential help.**