

Self-Exclusion Form

Full Name:			Date of Birth:///				
Alias/Nicknam	nes:		DCC#:				
Physical Address:			City:				
State:	Zip Code:		Home Telephone:				
	omit a copy of your va	-					
Personal Des	scription: Complete o	nly if no ID is prov	ided.				
Height:	Weight:	Hair:	Eyes:	Sex:			
Rancheria Ca				elf from gambling at the Jackson place my name on the list of self			
(Please	Check One) 🗆 One	Year 🛛 Five Y	ears 🛛 Ten Years	Permanent			

I have reviewed and understand the following terms and restrictions of this self-exclusion and agree to all of them:

- This exclusion is valid for the JRCR and all services associated with the JRCR.
- I will not attempt to enter and/or use any of the services or privileges of the JRCR for the length of time indicated from which I have requested exclusion during the period indicated above.
- I acknowledge and understand that should I attempt to enter the JRCR or use the services of the facility during the aforementioned exclusion period above, that once I am identified, I shall be promptly escorted from the JRCR
- I acknowledge and understand that failure to comply with this notice will be considered trespassing and may result in a permanent ban and you may be arrested
- I acknowledge and understand that the Jackson Rancheria Tribal Gaming Agency (TGA) shall prohibit JRCR personnel from paying and/or giving a casino jackpot / promotions and/or promotional items to a person who is on the JRCR self-exclusion list and any winnings or prizes I may have won/received shall be confiscated/forfeited.
- I knowingly and willfully acknowledge that by completing this Self-Exclusion Form, that it is totally my own responsibility not to enter the JRCR.
- Reinstatement Requests will not be considered during the self-exclusion. This self-exclusion request is irrevocable during the time period indicated above.
- I understand that I must submit a letter to the **Casino Security Manager**, only after the period indicated above, requesting to return and that I may **NOT** return until notified in writing that I have been reinstated.
- The Jackson Rancheria Casino Resort will treat this self-exclusion request confidentially.

Please Print Clearly:

Self-Exclusion Form (Continued)

- I understand that the TGA shall require the JRCR gaming facility to remove my address from all mailing lists and to revoke any player's club cards.
- I understand that neither the Jackson Rancheria Band of Miwuk Indians, the TGA, the JRCR, nor any associate thereof shall be liable to any self-excluded person or to any other party in any proceeding, and neither the tribe, casino personnel, nor the TGA shall be deemed to have waived its sovereign immunity with respect to any person for any harm, monetary or otherwise, which may arise as a result of:
 - 1. The failure of JRCR personnel or the TGA to withhold or restore gaming privileges from or to a selfexcluded person; or
 - 2. Otherwise permitting a self-excluded person to engage in gaming activity in the casino while on the list of self-excluded persons.
- I will not seek to hold the Jackson Rancheria Band of Miwuk Indians, the TGA, or the JRCR liable in any way should I enter the JRCR and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the Jackson Rancheria Band of Miwuk Indians from any liability relating to this request.

Guest Name:						
Please print Last Name First Name Mide	dle Name					
Signature:		Date:	//			
Witnessed by JRCR:		, this	day of	, 20		
Please print						
Signed				Badge #		
OR						
Subscribed and sworn to before me this		day of		20		
	(Print Name)					
	Notary Public in and for the State of					
	Residing at					
	My Commission expires:///					
Mail or deliver completed form with a c Jackson Rancheria Casino Resort Attn: Security	opy of your val	id government-	issued ID to:			
12222 New York Ranch Road Jackson, CA 95642						