

Self-Exclusion Form

Please Print Clearly:

Full Name:			Date of Birth:	1			
Alias/Nicknames:	:		DCC#:				
Physical Address	s:		City:				
State:	Zip Code:	Zip Code:Home Telephone:					
**Please submit	t a copy of your va	lid government-is	sued ID.				
Personal Descri	ption: Complete o	nly if no ID is prov	vided.				
Height:	Weight:	Hair:	Eyes:		Sex:		
I, Rancheria Casino excluded persons	o Resort (JRCR). H	, voluntar nereby request and	ily seek to exclude myself authorize the JRCR to pla	from gamblii ace my name	ng at the Jackson on the list of self		
(Please Ch	eck One) 🗆 One	Year □ Five \	∕ears □ 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.
- Exclusion will be enforced for the period selected above, with <u>no exceptions</u>. You will remain on the self-exclusion list until you complete the entire exclusion period, regardless of any change in personal circumstances.
- I understand that at the end of the self-exclusion period (1 year or 5 year) indicated above that I will be automatically reinstated.
- The Jackson Rancheria Casino Resort will treat this self-exclusion request confidentially.

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 self-excluded 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 Midd	lle 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 copy of your valid government-issued ID to:

Jackson Rancheria Casino Resort Attn: Security 12222 New York Ranch Road Jackson, CA 95642