

## Self-Exclusion Form

Full Name:			Date of Birth:	1 1	
Full Name:Alias/Nicknames:					
Allas/Nickhalli			DCC#		
Physical Addre	ess:		City:		
State:	Zip Code:		Home Telephone:		
**Please sub	mit a copy of your va	alid government-iss	ued ID.		
Personal Des	cription: Complete c	only if no ID is prov	ided.		
Height:	Weight:	Hair:	Eyes:	Sex: _	
			y seek to exclude myself fr authorize the JRCR to plac		
	ons for a period of:	nereby request and		e my name on m	5 1131 01 3011
(Please	Check One) 🗆 One	e Year 🛛 Three	Years 🛛 Five Years		

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.

**Please Print Clearly:** 

- 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 **no exceptions**. 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, 3 or 5 years) 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 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.

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 St	ate of	
	Residing at		
	My Commission expires:	1 1	