

Choctaw Nation Gaming Commission

3715 Choctaw Rd. / P.O. Box 5229 Durant, OK 74701-5229 Phone: (580) 924-8112 Fax: (580) 920-4966

Self-Exclusion Form

Please Print Clearly:

Full Name:	Date of Birth:				
Alias/Nicknames:	Race: City:				
Current Mailing Address:					
State:	_ Zip Code:	ode: Telephone Number:			
Personal Description:					
Height:	_ Weight:	Hair:	Eyes:		
Sex:	Scar/Tattoos:				
**Please submit a copy	of your Government	issued photo I.D.			
I,		, acknowledge that I a	am a problem gambl	er. I am voluntarily	
requesting exclusion fro	om the entire premis	ses of all Choctaw Casino	os, including, but not	t limited to, Gaming	
		t and Concert Venues. I			
		ards Club Card will be car	•		
	-	ulated or redeemed from t			
	•	orize the Choctaw Nation		. •	
•	•		Garring Commission	i (CNGC) to place my	
name on the list of self-	excluded Guesis 10				
One Year Five Y	ears Ten Ye	ars (Please Check	One.)		
I have reviewed and un	derstand the followi	ing terms and restrictions	of this Self-Exclusion	on Form and agree to	
all of them:				-	

or mem.

- If I have completed a self-exclusion form with the Oklahoma Association on Problem Gambling and Gaming (OAPGG) it will also be considered effective at all Choctaw Casinos.
- I will not attempt to enter and/or use any of the services or privileges of any Choctaw Casino for the length of time indicated above.
- I acknowledge and understand that if I am identified while attempting to enter a Choctaw Casino or use the services of the facility, I shall be promptly escorted from the premises. My continued non-cooperation or attempt to breach my Self-Exclusion Form may result in being placed on the involuntary (Casino Trespass) exclusion list.
- I knowingly and willfully acknowledge that by completing this Self-Exclusion Form that it is solely my own responsibility to refrain from entering any Choctaw Casino.
- This Self-Exclusion Form request is <u>irrevocable</u> during the length of time indicated above. Once this paperwork is completed and submitted, the Self-Exclusion Form will be in effect for the entire time requested. The length or effectiveness of the Self-Exclusion Form is not negotiable and absolutely no exceptions will be made.
- The CNGC will treat this Self-Exclusion Form request confidentially.



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Self-Exclusion Form (Continued)

- I understand any identified self-excluded Guest engaging in gaming activity will forfeit any promotional items, tickets and/or chips in the amount of one hundred dollars (\$100) or more obtained as a result of a wager made within Choctaw Casinos. All promotional items forfeited will be awarded to an eligible casino Guest in a manner approved by CNGC. All other forfeiture amounts will be donated to a federally recognized non-profit organization.
- I understand that neither the Choctaw Nation of Oklahoma, Choctaw Casinos, CNGC, nor any associate thereof shall be liable to any self-excluded Guest or to any other party in any proceeding and neither the tribe, casino personnel, nor the CNGC shall be deemed to have waived its sovereign immunity with respect to any Guest for any harm, monetary or otherwise, which may arise as a result of:
 - The failure of casino personnel or CNGC to withhold or restore gaming privileges from or to a self-excluded Guest; or
 - Otherwise permitting a Self-Excluded Guest to engage in gaming activity in a casino while on the list of selfexcluded Guests.
- I understand that it may take up to 60 days from the time I request to be self-excluded before my name will cycle
 out of any mailings that I currently receive from Choctaw Casinos.
- I understand that I am not permitted to utilize any offers that I may receive from any Choctaw Casino after the
 executed date submitted on the Self-Exclusion Form.
- I will not seek to hold the Choctaw Nation of Oklahoma or CNGC liable in any way should I enter a Choctaw Casino and/or use any of the services or privileges therein despite this self-exclusion request, and I agree to indemnify the Choctaw Nation of Oklahoma for any liability relating to this request.

Executed at (City)	, (State)	, on this	day of			
(Month),	(Year)					
Guest Signature:						
← – – – – –						
For Notary Use only Subscribed and sworn to (or affirmed) before me this day of 20						
Notary Public in the State of	for the County of:					
My Commission Expires:						
Notary Public Signature			(Seal)			

Mail or deliver completed form with picture attached to: Choctaw Nation Gaming Commission 3715 Choctaw Rd. /P. O. Box 5229 Durant, OK 74701-5229