

Application for Kansas Voluntary Exclusion Program for Problem Gamblers

Instructions - Read carefully

- Read the entire form and the Voluntary Exclusion Program Rules (attached) before responding to the questions.
- Print in blue or black ink the answers to all questions.
- Present a valid driver's license or government-issued identification card.

Important Notice

By signing and submitting this request, you are agreeing to refrain from visiting all Kansas Gaming Facilities for at least two years. The Kansas Racing and Gaming Commission (KRGC) and Kansas Gaming Facilities and operating agents will comply with the provisions of KRGC Rules to protect and maintain the confidentiality of your placement on the Voluntary Exclusion List. However, because information regarding your request must be released to the owners of facilities under the jurisdiction of the KRGC in order to enforce provisions of the Voluntary Exclusion Program Rules, the KRGC cannot guarantee the confidentiality of the information.

Section 1: Personal Information

1 Full legal name of individual requesting voluntary exclusion:

First name _____ Initial _____ Last name _____

2 Alias/nicknames/other names used:

First name _____ Initial _____ Last name _____

First name _____ Initial _____ Last name _____

3 Residential address: _____
County of Residence _____

Street or PO Box _____

City _____ State _____ Zip _____

4 Residential telephone (____) _____ - _____

Other telephone (____) _____ - _____

5 Social Security number _____ - _____ - _____

6 Date of birth ____/____/____

7 Driver's license number _____

8 Gender male female

9 Physical description

Height _____ Weight _____

Hair color _____ Eye color _____

10 Contact lenses Yes No

11 Ethnic origin

- Caucasian/White African-American/Black
 Hispanic Native American
 Asian/Pacific Islander
 Other _____

12 National origin _____

Passport number _____

Alien Registration number _____

Country of citizenship _____

13 Complexion

- Light Medium Dark

14 Noticeable physical characteristics (birthmarks, scars, tattoos, etc.)

15 I hereby request placement on the Voluntary Exclusion List for a period of:

- at least two years Life

16 I was referred by:

- Casino employee Signs at the casino
 Family member Mental health provider
 Billboard/radio/television advertisement
 Other _____

Section 2: Gambling Responsibility Statement

17 I acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly.

Signature of Voluntary Excluded Person

____/____/____
Date

Section 3: Waiver and Release

I release and forever discharge the state, the commission, and its employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this request for placement on the voluntary exclusion list or request for removal from the voluntary exclusion list including the following: (A) the list's processing or enforcement; (B) the failure of a gaming facility or operating agent to withhold direct marketing or check cashing to a voluntarily excluded individual; (C) disclosure of information contained in the voluntary exclusion request or list, except for willfully unlawful disclosure of such information to persons other than entities under the jurisdiction of the commission; or (D) the dissemination of confidential information contained on the exclusion list by facilities under the jurisdiction of the commission to any party not authorized to receive the information.

Signature of Voluntarily Excluded Individual

____/____/____
Date

Section 4: Authorization and Request to Release Information

- I understand that after I file this request, including this Authorization and Request to Release Information that allows the KRGC to inform Kansas Gaming Facilities and operating agents that I have voluntarily excluded myself for the stated period of time, some casinos may choose to deny me service at their facilities in other jurisdictions or states.
- I accept any risk of potential or actual adverse public notice, embarrassment, criticism or other action, including any financial loss, which may directly or indirectly result from the release of this information authorized in this Authorization and Request to Release Information.

Certification of Witness: I certify that I personally witnessed _____ sign his/her name this ____ day of _____, 20____, that the individual requesting voluntary exclusion appears not to be under the influence of any alcoholic beverages, controlled substances or prescription medication, and that the signature, physical description and identity of the individual requesting voluntary exclusion match the individual's photograph and credentials, photocopies of which are attached to this Request.

- I request that the personal information provided on this form be disseminated by the commission to the managers of facilities under the jurisdiction of the commission for purposes of enforcement.

Signature of Voluntarily Excluded Individual

Date

Signature of KRGC employee or designated agent and badge number

____/____/____
Date

Location

The KRGC employee or designated agent shall verify the signature of the individual requesting voluntary exclusion and inform him/her that he/she is now on the Voluntary Exclusion List. It will take a few days to forward the information to the casinos. The KRGC employee or designated agent shall ask the individual to surrender all players' cards for all Kansas casinos.

Section 5: Verification Information

18 Are you in need of a language interpreter in order to fully understand this program and the questions contained on this request form? Yes No

(If yes, section seven must be completed.)

19 Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision? Yes No

(If yes, terminate the interview)

20 Are you completing this request form of your own free will? Yes No

(If no, terminate the interview)

21 Have you read this request form and do you understand its contents? Yes No

22 Do you understand that, by asking to be placed on the list of self-excluded persons, you are acknowledging that you are a problem gambler and that you are unable to gamble responsibly? Yes No

23 Do you understand that, the Kansas Racing and Gaming Commission recommends that you seek an assessment, evaluation and treatment for your gambling problem?

Yes No

24 Do you understand that, if you are placed on the Voluntary Exclusion List, it will be your responsibility to stay out of all Kansas Gaming Facilities?

Yes No

25 Do you understand that, according to the terms of this request form, it is not the responsibility of the KRGC or its agents to stop you from entering a Kansas Gaming Facility?

Yes No

26 Do you understand that, according to the terms of this request form, it is not the responsibility of the various casino companies to stop you from entering a Kansas Gaming Facility?

Yes No

27 Do you understand that, if you complete this request form, the consequences of your being discovered in a Kansas Gaming Facility are that you will forfeit all chips, tokens, non-complimentary pay vouchers and electronic credits in your possession or control and you may be subject to criminal charges?

Yes No

28 Do you understand that, if you complete this request form, you will not be eligible to win a gambling game and therefore will be denied winnings that you attempt to claim while visiting a Kansas Gaming Facility?

Yes No

29 Do you understand that, by completing this request form, you are authorizing the Kansas Racing and Gaming Commission to release the contents of your request to all Kansas Gaming Facilities and operating agents and their agents? (This information can be used only to enforce the rules of the KRGC. No one else may access the information in your application including your family members, employer or prospective employer.)

Yes No

30 Do you understand that releasing the information in this request to the agents and affiliates of Kansas Gaming Facilities may result in your being denied service at affiliated casinos in other states or locations? (For example, if an operator of a Kansas Gaming Facility owns or manages another casino in another state, that operator may choose to deny you service at all its locations.)

Yes No

31 Do you understand that, by completing this form, you are requesting to be placed on the List of Voluntarily Excluded Individuals and that such placement is for two years or life?

Yes No

32 Do you have any questions that the Kansas Racing and Gaming Commission employee or designated agent has not answered to your satisfaction regarding the terms of this request form that prevents you from making an informed decision whether or not to complete and sign this request form?

Yes No

(If yes, the interview is terminated.)

33 Do you understand that it is your responsibility to provide the Kansas Racing and Gaming Commission with updated information regarding any information provided in this request, including name and address changes?

Yes No

34 Are you required to enter a Kansas Gaming Facility in the performance of your job duties?

Yes No

If yes, please provide the following information:

Employer _____

Job Title _____

Kansas Gaming License Number (if you have one)

Writing your initials in the box to the right acknowledges that you understand the questions above, have reviewed your response and have checked the appropriate box.

Section 6: Acknowledgment

I have completed and am signing this Request for Voluntary Exclusion in a sober and informed condition not under the influence of any alcoholic beverages, controlled substances or prescription medication that would impair my judgement. I am voluntarily requesting exclusion from the gaming areas at all facilities under the jurisdiction of the Kansas Racing and Gaming Commission. I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included in this request for placement on the voluntary exclusion list. I am aware that my signature below authorizes the commission to direct all Kansas Gaming Facilities and operating agents to restrict my gaming activities in accordance with this request. If I have requested to be excluded for life, I am aware that I will be unable to cause my name to be removed from the voluntary exclusion list. If I have elected to be placed on the list for a period of at least two (2) years, I may extend, but not reduce, the period of voluntary exclusion. I am aware that I will remain on the list until such time as the commission removes my name in response to my written request. I am aware and agree that during any period of exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at all gaming facilities under the jurisdiction of the commission. I understand that any money or thing of value obtained by me from, or owed to me by, a Kansas gaming facility or operating agent as a result of wagers made by me while on the voluntary exclusion list shall be subject to forfeiture and that I may be subject to criminal action for trespass if I enter the gaming area of a casino property.

Signature of Voluntarily Excluded Individual

_____/_____/_____
Date

Section 7: Interpreter Information

Note for individuals requesting voluntary exclusion using an interpreter: The individual making this request required the assistance of an interpreter in order to complete this request form. The name, address, phone number, Social Security number, and date of birth of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the KRGC employee or designated agent and that the individual requesting voluntary exclusion has indicated that he/she understands the documents included in the request form and has signed the documents in a sober and informed condition with full knowledge of the responsibilities and consequences of being placed on the Voluntary Exclusion List.

Full name of interpreter _____

Street address _____

City, State, and Zip _____

Home telephone (____) _____-_____

Work telephone (____) _____-_____

Social Security Number _____-_____-_____

Date of birth ____/____/____

Language spoken by interpreter _____

AFFIRMATION

I, _____,
through my signature below affirm, attest and acknowledge that I have served as an interpreter for _____ to assist him/her in completing a Request for Placement on Voluntary Exclusion List. I affirm and attest that I have completely and accurately communicated all instructions from the KRGC employee or designated agent verifying this Request.

The individual requesting voluntary exclusion has informed me that he/she understands the documents I have assisted in explaining and has signed them in a sober and informed condition and knows and understands all of the responsibilities associated with being placed on the Voluntary Exclusion List and asks the Kansas Racing and Gaming Commission to place him/her on such list.

Signature of Interpreter

_____/_____/_____
Date