

WHEELING ISLAND GAMING, INC. RESPONSIBLE GAMING SELF-EXCLUSION FORM

Please use ink and print clearly:

Full Name:			SS#:		
Street Address:				Date of Birth:	
City:		State:		Zip Code:	
Home Phone:	Business Phone:	Driver's License # & State:			
Height:	Weight:	Hair:		Eyes:	Sex:
Any other names used (a.k.a.):			Player's Club Card #		
Scars/Tattoos:				Race:	

Wheeling Island Gaming takes responsible gaming seriously. I, _____, acknowledge that I am a problem gambler and voluntarily seek to exclude myself from Wheeling Island Gaming, Inc. I hereby request and authorize Wheeling Island Gaming, Inc to place my name on the list of self-excluded persons indefinitely.

Having acknowledged the fact that I do have a gambling problem, I understand that the term "indefinite" used herein is permanent and constitutes a "lifetime" ban from any property owned by Wheeling Island Gaming, Inc.

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

1. I will not attempt to enter and/or use any of the services or privileges of Wheeling Island Gaming, Inc from which I have requested an indefinite (Lifetime) exclusion
2. Player's card surrendered. YES / NO / N/A (circle one)
MAKE SURE YOU COLLECT IT IF THEY HAVE ONE
3. I acknowledge and understand that my Player's Club account will be closed.
4. I acknowledge and understand that should I attempt to enter Wheeling Island Gaming, Inc or use the services of the facility, my presence will be considered trespassing and I may be subject to arrest at Wheeling Island's discretion.

5. I understand that because I have a gambling problem, the ultimate responsibility to restrict my access to Wheeling Island Gaming, Inc. remains mine alone.

6. Having acknowledged the fact that I do have a gambling problem, I understand that this self-exclusion request is **irrevocable**.

7. Wheeling Island Gaming, Inc will treat this self-exclusion request confidentially. Such information shall not be disclosed except to Wheeling Island Gaming, Inc and the West Virginia Lottery Commission for inclusion on their lists, or to appropriate law enforcement agencies, if needed, in the conduct of an official investigation or unless ordered by a court of competent jurisdiction.

8. I understand that Wheeling Island Gaming, Inc will not knowingly pay any hand-paid jackpots to a person who is on the Wheeling Island Gaming Inc's Self-Exclusion List. Any jackpot won by a person on the self-exclusion list shall be donated by Wheeling Island Gaming, Inc to a non-profit charitable organization of its choice
 _____ (Full signature required stipulating that you have read item 7 and agree to terms.)

9. I acknowledge receipt of problem gambling literature. _____(initial here)

10. I understand that neither Wheeling Island Gaming, Inc, nor any employee thereof shall be liable to any self-excluded Person or to any other party in any proceeding. Wheeling Island Gaming, Inc, nor any employee thereof shall be deemed liable with respect to any Person for any harm, monetary or otherwise, which may arise as a result of:
 - a. The failure of Wheeling Island Gaming, Inc to withhold or restore gaming privileges from or to a self-excluded person; or
 - b. Otherwise permitting a self-excluded Person to engage in Gaming Activity at Wheeling Island Gaming, Inc while on the list of self-excluded Persons.
 - c. Previously arranged mailings arriving at your postal address prior to this agreement being processed.

11. I hereby release and forever discharge the State of West Virginia, the West Virginia Lottery, Wheeling Island Gaming, Inc., and their respective directors, officers, employees and agents (collectively, the "Released Parties"), from any liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion, including (1) its processing or enforcement, (2) the failure of anyone to withhold gaming privileges to me, or the failure of anyone to restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed gaming facility while on the list of self-excluded persons, or (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information. I further agree to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

Date _____

Signature

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

Notary Public

My Commission expires on: _____

An attached photocopy of the person's driver's license will suffice in lieu of this form being notarized if it is being filled out in person at Wheeling Island Gaming, Inc.

Mail via Certified Mail or hand deliver completed form with photo attached to:

Wheeling Island Gaming, Inc

Attn. Security Department

1 South Stone Street

Wheeling, WV 26003

This form was taken by _____

(Security Shift Manager)

Date _____

Time _____