SELF-EXCLUSION REMOVAL APPLICATION

Full Name: _____

Last 4 Digits of SS#: XXX-XX-_____ Date of Birth: _____

Street Address: _____

City:_____ State:_____ Zip Code: _____

Home Phone:_____ Work Phone: _____

Cell Phone: _____

Driver's License #:_____ License State: _____

Gender:_____ Race:_____ Eyes: _____

Hair:_____ Height:_____ Weight: _____

Any other names or aliases used: _____

_____

Please read each of the following statements and initial to confirm that you agree and understand:

1. This request for removal from the West Virginia Lottery self-exclusion list is of my own free will.

   Initials _____

2. I do not feel I have a gambling problem and do not feel that being removed from this list will cause me harm.

   Initials _____

3. I understand that the self-exclusion list is a tool used to protect me from problematic gambling behavior and I no longer feel I have to be restricted in those behaviors.

Initials _____

4. I understand that if my application for removal from the self- exclusion list is approved, I will be released from the protections and securities of the self-exclusion list.

Initials _____

5. I understand that by completing this application, I authorize the West Virginia Lottery to release the contents of this application to all West Virginia casinos, their agents and affiliates.

Initials _____

6. I understand that **if** my application for removal is approved, that all my subsequent actions are solely my responsibility and the West Virginia Lottery, its casinos, their agents and affiliates are in no way responsible or accountable for actions or events that occur after I am removed from this list.

Initials _____

7. I understand that I am asking permission for reentry into all WV casinos, and I can request to be placed back on this list at any time, following proper procedures.

Initials_____

8. If the self-exclusion removal is approved by the WV Lottery Commission, it is valid for all West Virginia casinos, their agents and affiliates.

Initials_____

9. I assert that I have not violated the terms and conditions of my West Virginia State self-exclusion.

Initials_____

10. I understand I am ultimately held responsible for myself and limiting my access to West Virginia casinos.

Initials_____

11. I agree to the terms of this application, and if my reinstatement is approved, I accept all associated risks.

Initials_____

12. I will not seek to hold the West Virginia Lottery or casino liable in any way should I enter a casino and/or use any of the services or privileges therein.

Initials_____

13. I understand that I am prohibited from entering any state casino until the WV Lottery Commission approves my self-exclusion removal application.

Initials _____

PERSONAL ACKNOWLEDGEMENT

I,_____, acknowledge and understand that I am requesting voluntary removal from the West Virginia Lottery's Self-Exclusion List. I have reviewed and understand each of the terms for self-exclusion removal. I hereby request and authorize the Lottery Commission to approve my removal from this list of excluded persons pursuant to the Racetrack Table Games Rule §179-8-126 through 130 and/or Limited Gaming Facility Rule §179-4-171 through 175.

I completely understand all provisions described herein and request to sign, voluntarily and knowingly, in agreement.

_____ _____

Patron Printed Name Patron Signature

_____

Date

Please mail completed form to the following address:

West Virginia Lottery
Attn: David Bradley
900 Pennsylvania Avenue
Charleston, WV 25302

☐ Copy of photo identification is attached.