SELF-EXCLUSION REMOVAL APPLICATION

Please complete and review all of the information below. You may fill in the required information electronically and print, or print this form and handwrite your information using a ball point pen.

Legal Last Name	Legal First Name	MI	Suffix	Date of Birth (month/date/year)
				/ /

Last 4 of Social Security #	Primary Telephone Number	Email Address (optional):
	( )	

Home Address	Mailing Address (if different from home address)
Street:	Street:
City:	City:
State: Zip Code:	State: Zip Code:
Driver's License #	License State:

Please read each of the following statements and initial the appropriate YES OR NO box to confirm that you agree and understand:	YES	NO
1. This request for removal from the West Virginia Lottery self-exclusion list is of my own free will.		
2. I do not feel I have a gambling problem and do not feel that being removed from this list will cause me harm.		
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.		
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.		
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.		
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.		
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.		
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.		
9. I assert that I have not violated the terms and conditions of my West Virginia State self-exclusion.		

Please read each of the following statements and initial the appropriate YES OR NO box to confirm that you agree and understand:	YES	NO
10. I understand I am ultimately held responsible for myself and limiting my access to West Virginia casinos.		
11. I agree to the terms of this application, and if my reinstatement is approved, I accept all associated risks.		
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.		
13. I understand that I am prohibited from entering any state casino until the WV Lottery Commission approves my self-exclusion removal application.		
14. I understand that the Self-Exclusion Removal Form from Casinos, iGaming, and Sports Betting ***does not remove the player from iLottery (iPlay) Self-Exclusion***.		
15. I understand that responsible gaming help can be obtained by calling 1-800-Gambler or visiting www.1800gambler.net.		

Agreement

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

INSTRUCTIONS FOR COMPLETING YOUR VERIFICATION FORM

Copy and attach photo identification used to verify patron's identity. This form is not completed unless form is completed entirely.

Please mail the completed form to the following address:

ATTN: Madeleine Wymer

West Virginia Lottery
900 Pennsylvania Avenue
Charleston, WV 25302

Required Identification:
Include photocopies of the following documents:

1. **Driver's License - or any government-issued ID card that includes your photo, address, and**

Acceptable Forms of Government-Issued Photo ID:
Driver's License, U.S. Passport, Military ID, or a government-issued ID card