



VOLUNTARY EXCLUSION PROGRAM APPLICATION FOR SELF-BAN

Voluntary Excluded Persons Questionnaire Application Verification Form

PLEASE READ EACH STATEMENT THOROUGHLY.

When you have done so, put your initial in the blank space next to each statement. By writing your initials, you are acknowledging that you understand and agree to comply by the conditions of the self-ban policy.

_____ I understand that when requesting a Voluntary Exclusion, this request is for the duration of the time requested and will not be removed early.

_____ I understand that by asking to be placed on the List of Voluntary Excluded Persons that I am accepting that I have a problem and that I am unable to game responsibly.

_____ I understand that the Casino recommends treatment for my gambling problem.

_____ I understand that if placed on the List of Voluntary Excluded Persons, it will be my responsibility to stay out of the North Star Mohican Casino Resort.

_____ I understand that it is NOT the responsibility of the Casino to stop me from entering the property and premises of the North Star Mohican Casino Resort.

_____ I understand that if I am placed on the List of Voluntary Excluded Persons, that the consequence of being discovered in the Casino is that I may be arrested for trespassing?

_____ I understand that further consequences of being discovered in the Casino are that I will not be eligible to win a gambling game and all winnings will be forfeited to the Casino. In addition, all cash or cash equivalents found in a gaming machine, or a gaming table will be forfeited to the Casino; and Casino security shall then escort me off the Casino's property.

_____ I understand the Casino is not liable for money lost while gambling on the Casino's property if my presence is not detected.

_____ I understand that once I am are placed on the List of Voluntary Excluded Persons, my name will be removed from the Casino mailing list(s) as a result I will not receive marketing information, coupons, vouchers, for complimentary goods or services, nor be an active member of the Casino's Star Club.



VOLUNTARY EXCLUSION PROGRAM APPLICATION FOR SELF-BAN

FULL LEGAL

NAME OF

APPLICANT:

(First)

(Middle)

(Last)

NICKNAME(S):

EMPLOYEE?

Yes No

HOME ADDRESS:

(Street or P.O. Box)

(City)

(State)

(Zip)

HOME

TELEPHONE:

OTHER

TELEPHONE:

DATE OF BIRTH:

GENDER:

Male Female Other

DRIVERS

LICENSE:

(State)

(Number)

PHYSICAL DESCRIPTION:

(Height)

(Weight)

(Hair Color)

(Eye Color)

ETHNIC ORIGIN (WHICH RACE OR ETHNIC GROUP BEST DESCRIBES YOU?):

Caucasian/White African American Hispanic Native American Asian/Pacific Islander Other

LENGTH OF BAN YOU ARE REQUESTING:

Six Months Effective From: _____ To: _____

One Year Effective From: _____ To: _____

Indefinite Effective: _____

I acknowledge that I am voluntarily self-banning due to my problem or compulsive gambling behavior and that I am unable to gamble responsibly.

(Applicant's Signature - Required)

(Date Signed)



VOLUNTARY EXCLUSION PROGRAM APPLICATION FOR SELF-BAN

I _____ hereby request that North Star Mohican Casino Resort honor and help me comply with my Voluntary Exclusion from the Casino. I have decided to elect a Voluntary Exclusion from the Casino due to a concern about my gambling behavior.

I understand that once I complete the application for placement on the List of Voluntarily Excluded Persons, that the consequences of being discovered on the Casino’s property are that I might be arrested for trespassing. I understand that I will not be eligible to win a gambling game and therefore will be denied winnings that I may attempt to claim. I further understand that the Casino is not liable for money lost while gambling on the Casino property if my presence is not detected.

I understand that once placed on the List of Voluntary Excluded Persons, if I am discovered on the Casino property, any and all cash or cash equivalents found in a gaming machine or on a gaming table will be forfeited to the Responsible Gaming Program. Casino Security shall then escort me off the Casino property.

I understand that by requesting a Voluntary Exclusion that this request is for:

_____ Six Month Period _____ One Full Year _____ Indefinite period of time and may not be removed.

Furthermore, I understand that it is my responsibility to refrain from visiting the Casino premises and/or property and it is not the responsibility of the Casino to stop me from entering the premises and/or property. I acknowledge that due to the volume of people entering the Casino, I may not be detected and the Casino undertakes no obligation to detect me. I hereby release the Casino from any claim or liability with respect of my Voluntary Exclusion and the consequences of any failure by me to abide by it.

(Applicant’s Signature - Required)

(Date Signed)

(Witness’s Signature - Required)

(Date Signed)