



# Choctaw Nation of Oklahoma Gaming Commission

P.O. Box 5229 Durant, OK 74702-5229

Phone: (580) 924-8112

## Self-Exclusion Form

### Please Print Clearly:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias/Nicknames: \_\_\_\_\_ Race: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

### Personal Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_ Scar/Tattoos: \_\_\_\_\_

**\*\*Please submit a copy of your driver's license.**

I, \_\_\_\_\_, acknowledge that I am a problem gambler and voluntarily seek to exclude myself from **all** Choctaw Casinos in Oklahoma. I hereby request and authorize Choctaw Nation Gaming Commission to place my name on the list of self-excluded persons for a period of:

One Year \_\_\_\_\_, Five Years \_\_\_\_\_, or Ten Years \_\_\_\_\_ (Please Check One).

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

- This exclusion is valid for all Choctaw Casinos within Oklahoma and all services associated with Choctaw Casinos.
- I will not attempt to enter and/or use any of the services or privileges of any Choctaw Casino for the length of time indicated from which I have requested exclusion during the period indicated above.
- I acknowledge and understand that should I attempt to enter a Choctaw Casino or use the services of the facility that once identified; I shall be promptly escorted from Choctaw Casino.
- I knowingly and willfully acknowledge that by completing this Self-Exclusion Form; that it is totally my own responsibility not to enter any Choctaw Casino.
- **This self-exclusion request is irrevocable during the time period indicated above.**
- The Choctaw Nation Gaming Commission will treat this self-exclusion request confidentially.
- I understand that the Choctaw Nation Gaming Commission shall require gaming facilities to remove my address from all mailing lists and to revoke any player's club cards.
- I understand that the Choctaw Nation Gaming Commission shall prohibit the Choctaw Casino Personnel from paying a casino jackpot/ticket/chips/ promotions to a person who is on the Tribal/State self-exclusion list. Any funds won by a person on the self-exclusion list shall be donated by the Choctaw Casino Personnel to a nonprofit charitable organization.



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## Self-Exclusion Form (Continued)

**Please Print Clearly:**

- I understand that neither the Choctaw Nation of Oklahoma, Choctaw Casino, Choctaw Nation Gaming Commission, nor any associate thereof shall be liable to any self-excluded person or to any other party in any proceeding and neither the tribe, casino personnel, nor the Choctaw Nation Gaming Commission shall be deemed to have waived its sovereign immunity with respect to any person for any harm, monetary or otherwise, which may arise as a result of:
  1. The failure of casino personnel or Choctaw Nation Gaming Commission to withhold or restore gaming privileges from or to a self-excluded person; or
  2. Otherwise permitting a self-excluded person to engage in gaming activity in a casino while on the list of self-excluded persons.
- I understand that it may take up to 60 days from the time I request a self-ban before my name will cycle out of any mailings that I currently receive from Choctaw Casinos.
- I understand that I am not permitted to utilize any offers that I may receive from any Choctaw Casino after the executed date submitted on the self-ban form.
- I will not seek to hold the Choctaw Nation of Oklahoma or Choctaw Nation Gaming Commission liable in any way should I enter a Choctaw Casino and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the Choctaw Nation of Oklahoma for any liability relating to this request.

Executed at (city) \_\_\_\_\_, (State) \_\_\_\_\_, on this \_\_\_\_\_ day of  
(Month) \_\_\_\_\_, (Year) \_\_\_\_\_.

Guest Signature: \_\_\_\_\_

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**For Notary Use only**

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

Notary Public in the State of \_\_\_\_\_ for the County of: \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ (SEAL)

Notary Public Signature \_\_\_\_\_

**Mail or deliver completed form with picture attached to:**

***Choctaw Nation of Oklahoma Gaming Commission***

***Mailing: P.O. Box 5229 Durant, Oklahoma 74702***

***Physical: 3715 Choctaw Road Durant, Oklahoma 74701***