

Five-Year Self-Exclusion

File # _____ **Date** _____
Name _____ **PC Card #** _____
Street _____
City/Town _____ **State** _____ **Zip** _____
DOB _____ **Soc. Sec. #** _____ - _____ - _____
Vehicle Reg. # _____ **State** _____ **Make** _____
Model _____ **Color** _____

Please initial lines below:

I hereby request that I be banned from Twin River Casino Hotel/Tiverton Casino Hotel and refused entrance to the facilities for five (5) years from the date above. _____

I hereby acknowledge that this Self-Exclusion is being provided to me by Twin River Casino Hotel/Tiverton Casino Hotel as a social service. It is not a contract and Twin River Casino Hotel/Tiverton Casino Hotel are not obligated to take any action as a result of my signing of this form. I specifically acknowledge I have not paid Twin River Casino Hotel/Tiverton Casino Hotel any monies, I have not provided any services to Twin River Casino/Tiverton Casino, nor have I made any promises to Twin River Casino Hotel/Tiverton Casino Hotel in exchange for Twin River Casino/Tiverton Casino's willingness to provide this Self Exclusion to me.

I further acknowledge this Self-Exclusion will deny me access to Twin River Casino/Tiverton Casino. Entering the facilities of Twin River Casino Hotel/Tiverton Casino Hotel in violation of this Self-Exclusion may result in a permanent ejection of me as an Undesirable Person. I further understand that failure to comply with this Self-Exclusion may result in my arrest for trespass. _____

(Employees of Twin River Casino Hotel/Tiverton Casino Hotel may enter the facility only during a scheduled work shift or in relation to your employment with Twin River Casino/Tiverton Casino.) _____

I further acknowledge that Twin River Casino Hotel/Tiverton Casino Hotel and its directors, officers, employees, and agents will not accept any responsibility whatsoever in the event that I fail to comply with this Self-Exclusion. _____

I further hereby release, indemnify and forever discharge Twin River Casino/Tiverton Casino, its parent and affiliate companies, directors, officers, employees, agents and representatives ("Twin River Management Group") from any and all damages, claims, suits, actions, causes of action, liability, and/or demands, including but not limited monetary claims, which I may have or ever had against Twin River Management Group arising out of this Self-Exclusion. _____

I understand that if I request to terminate this self-exclusion after 1-year, I will be asked to complete 4 hours of gambling education and see a problem gambling specialist. _____

I have been offered a contact with a hotline counselor to provide immediate assistance with any gambling problem I may have. I have accepted or declined this offer. _____

I acknowledge that I have read, understood, and accept the terms of this Self-Exclusion and have received a copy of this document. _____

Requestor's Signature _____ **Date** _____

Security Director/Officer _____ **Date** _____