

SOUTHLAND CASINO RACING SELF-EXCLUSION FORM

Please use ink and print clearly:

Full Name:		SS#:		
Street Address:		Date of Birth:		
City:		State:		Zip Code:
Home Phone:	Business Phone:	Driver's License # & State:		
Height:	Weight:	Hair:	Eyes:	Sex:
Any other names used (a.k.a.):				
Scars/Tattoos:			Race:	

I, _____, acknowledge that I am a problem gambler and voluntarily seek to **exclude** myself from Southland Casino Racing. I hereby request and authorize Southland Casino Racing to place my name on the list of self-excluded persons for a period of two years.

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

1. I will not attempt to enter and/or use any of the services or privileges of Southland Casino Racing from which I have requested exclusion during the period of this self-exclusion.
2. I acknowledge and understand that should I attempt to enter Southland Casino Racing or use the services of the facility my presence will be considered trespassing and I may be subject to arrest at Southland Casino Racing's discretion.
3. I understand the ultimate responsibility to limit my access to Southland Casino Racing remains mine alone.
4. Southland Casino Racing will treat this self-exclusion request confidentially. Such information shall not be disclosed except to Southland Casino Racing and the Arkansas Department of Finance and Administration EGS Division for inclusion on their lists, or to appropriate law enforcement agencies, if needed, in the conduct of an official investigation or unless ordered by a court of competent jurisdiction.
5. I understand that the Arkansas Department of Finance and Administration EGS Division shall require Southland Casino Racing to remove all self-excluded Persons from all mailing lists and to revoke any slot or player's cards. Southland Casino Racing is not responsible for any mailings already in process at the time of the exclusion.
6. I understand that Southland Casino Racing will not knowingly pay any hand-paid jackpots to a Person who is on the Southland Casino Racing Self-Exclusion List. Any jackpot won by a Person on the self-exclusion list shall be turned over to the Arkansas Department of Finance and Administration EGS Division.

_____ (Full signature required stipulating that you have read item 6 and agree to terms.)

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7. I understand that neither Southland Casino Racing nor any employee thereof shall be liable to any self-excluded Person or to any other party in any proceeding. Southland Casino Racing nor any employee thereof shall be deemed liable with respect to any Person for any harm, monetary or otherwise, which may arise as a result of:
- a. The failure of Southland Casino Racing to withhold or restore gaming privileges from or to a self-excluded person; or
 - b. Otherwise permitting a self-excluded Person to engage in Gaming Activity at Southland Casino Racing while on the list of self-excluded Persons.
8. I hereby release and forever discharge the State of Arkansas, the Southland Casino Racing, and their respective directors, officers, employees and agents (collectively, the "Released Parties"), from any liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion, including (1) its processing or enforcement, (2) the failure of anyone to withhold gaming privileges to me, or the failure of anyone to restore gaming privileges to me, (3) permitting me to engage in gaming activity in a licensed gaming facility while on the list of self-excluded persons, or (4) disclosure of the information contained in the self-exclusion request or list, except for a willfully unlawful disclosure of such information. I further agree to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

Date _____

Signature

State of _____

County of _____

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

Notary Public

My Commission expires on: _____

An attached photocopy of the Person's driver's license will suffice in lieu of this form being notarized if it is being filled out in person at Southland Casino Racing.

Mail via Certified Mail or hand deliver completed form with photo attached to:

Southland Casino Racing
Attn. Security Department
1550 North Ingram Blvd.
West Memphis, AR 72301