

# THE PROBLEM GAMBLING COALITION OF COLORADO

## REQUEST FOR REMOVAL FROM VOLUNTARY SELF-EXCLUSION LIST AND WAIVER

**Please print clearly** (Illegible or incomplete forms will be returned and will require resubmission):

Name:				Last Four SSN:	
Home Address:				Date of Birth:	
City:			State:	Zip Code:	
Home Phone:		Work Phone:		DL # and State:	
Height:	Weight:	Hair Color:	Eye Color:	Race:	Sex:
Any other names or alias used:					
Identifying marks/scars/tattoos:					

***Please include a photocopy of your driver license.***

By my signature below, I hereby certify and agree as follows:

- I) I previously applied for and participated in the Problem Gambling Coalition of Colorado Voluntary Self-Exclusion Program. I voluntarily requested that my name be placed upon a self-exclusion list in an effort to exclude myself from gaming activities at all licensed casinos in the State of Colorado. My voluntary request was made because I am a problem gambler.
  
- II) The period of my self-exclusion request has been met and as of the date set forth below, I request that my name be removed from the self-exclusion list. I understand that the Problem Gambling Coalition of Colorado retains sole discretion in deciding whether or not to agree to my request that my name be removed from the self-exclusion list.
  
- III) I understand that Colorado casinos may have company policies in which self-exclusion is considered to be a permanent decision, regardless of the period of self-exclusion selected.

- IV) I hereby release, forever discharge, indemnify, and hold harmless the Problem Gambling Coalition of Colorado, all Colorado casinos, all casino gaming licensees and their members, officers, directors, agents, and employees from any liability to me and my heirs, administrators, executors, personal representatives and assigns for any loss, injury, or harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to my previous request for self-exclusion, my request for removal from the self-exclusion list or my removal from the self-exclusion list including, but not limited to (1) the processing or enforcement of my request for exclusion and my request to be removed from the self-exclusion list, (2) the failure of a casino gaming licensee to either withhold gaming privileges from me or restore gaming privileges to me, (3) permitting me to engage in gaming activity at a licensed casino gaming establishment while on the list of self-excluded persons, and (4) disclosure of the information contained in the self-exclusion request or list or request for removal from the self-exclusion list.
- V) Colorado casinos may share information about my previous request for exclusion or my request to be removed from the self-exclusion list with other affiliated out-of-state casinos, and these affiliated casinos may exclude me or not, but they are not required to do so.
- VI) I understand that this request for removal from the self-exclusion list does not affect any exclusion or ejection from licensed gaming establishments as provided by Colorado Revised Statute 12-47.1-1001, Colorado Revised Statute 12-47.1-1002 or any rules or regulations established under those statutes.
- VII) **Please print clearly** (Illegible or incomplete forms will be returned and will require resubmission):

I hereby certify that I have read and that I understand and agree to the above terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, by \_\_\_\_\_ . WITNESS my hand  
and official seal.

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

\_\_\_\_\_  
Commission Expires

[Place notary seal above]

**Mail completed form to:**  
Problem Gambling Coalition of Colorado  
Self-Exclusion Program  
P. O. Box 260435  
Lakewood, CO 80226