THE PROBLEM GAMBLING COALITION OF COLORADO

VOLUNTARY CASINO SELF-EXCLUSION APPLICATION AND WAIVER

Please print clearly (illegible forms will be returned and will require resubmission):

Full Name:				Date:		
Name.						
Street	Address:		Γ	T		
City			State:	Zip Code:		
City:			Cell (or other)	Code.		
Phone:			Phone:			
Driver's			01212	Expiration		
License #:			State:	Date: Date of		
SS #:				Birth:		
Height:	:	Weight:	Hair:	Eyes:	Sex:	
Any other names used (a.k.a.):						
Scars/	Tattoos:			Race:		
I,						
(Check and Initial next to the specific length of your self-exclusion)						
By my signature below, I hereby certify and agree as follows:						
l.	The information I have given above is accurate, and I will notify the Problem Gambling Coalition of Colorado in writing of any changes.					
II.	I request to be excluded from all gaming activities at all licensed casinos in the State of Colorado.					
III.	I will not attempt to enter and/or use any of the services or privileges of any Colorado casinos during the period of this self-exclusion.					
IV.	This self-exclusion request is irrevocable during the time period indicated above.					

- V. I understand that the ultimate responsibility to refrain from gaming activities and to refrain from visiting casinos is mine alone and Colorado casinos, its parent companies, administrators and any and all subsidiaries will not be responsible for the enforcement or non-enforcement of this agreement.
- VI. Colorado casinos may have company policies in which self-exclusion is considered to be a permanent decision, regardless of the term selected above.
- VII. Colorado casinos may share information about my request for exclusion with other affiliated out-of-state casinos and these affiliated casinos may also exclude me according to their company policies, but they are not required to do so.
- VIII. I understand that after signing this form, if I am found to be on any of the casinos in Colorado that I may be evicted as a trespasser and that the Colorado casinos may assert any legal rights and claims against me as a trespasser.
- IX. I, for myself, my family members, heirs and legal representatives, release the Problem Gambling Coalition of Colorado (PGCC), the Colorado Gaming Association (CGA), all Colorado casinos, and any person associated in any way with either PGCC, CGA or any casino from all liability that could arise from my exclusion from Colorado casinos, any betting activity that I undertake at a Colorado casino notwithstanding such exclusion, or any other act that I attempt or undertake in a licensed limited gaming establishment. If the Released Parties incur any liability as a result of their performance or nonperformance of this self-exclusion request, I agree to be responsible for that liability, including reasonable attorneys' fees.

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

Date:	Signature:
STATE OF	
COUNTY OF	
SUBSCRIBED AND SWORN to	(or affirmed) before me this day of,
20 by	WITNESS my hand and official sea
	Notary Public
[Place notary seal above]	My commission expires:

Mail completed form to:

Problem Gambling Coalition of Colorado Self-Exclusion Program 11757 West Ken Caryl Ave. #F-181 Littleton, CO 80127